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EDITORIAL COMMENT

RED CROSS NURSING SURVEY

We understand that the Red Cross Nursing Survey which was begun just before the armistice was signed, is not going forward as successfully as is desired. Perhaps now that the war is practically over, nurses feel that this survey is no longer necessary.

There is no question but that the lack of an accurate knowledge of the nursing resources of the country proved a handicap in providing nursing care for the Army as well as for the civilian population during the war. The purpose of the Red Cross in wishing to complete the census is that we may begin the period of reconstruction with a definite knowledge of what the country can afford, before making new plans for the development of the nursing service of the future.

Owing to the several attempts during the war to get this information, it seems to be difficult to arouse an interest in the Red Cross census at this time. The Governor's census taken during the early summer of 1917, requiring the registration of every one between the ages of 19 and 50, this of course including nurses, proved to be unsatisfactory, partly because the returns were so late in being classified and tabulated for use.

The survey made by the American Nurses' Association was disappointing when completed, partly because there was no compulsion back of it. It took a census of registered nurses, regular graduate nurses unregistered, and pupil nurses. While these figures were of great assistance during the war, they did not show the full nursing resources of the country as the Red Cross is endeavoring to obtain them now.

Every nurse who receives a Red Cross questionnaire should fill it out and return it immediately, and she should interest herself to know that isolated nurses in her community, both trained and untrained, have received and returned these blanks also. We want to make it quite clear to them that in filling out this questionnaire they are not pledging themselves to service of any kind, they are simply

allowing themselves to be counted with all of the other women of the country who are in any way caring for the sick.

Those having charge of providing nurses for military service during the war were, as a matter of fact, kept in a state of constant anxiety for fear there would not be enough nurses to meet the calls of the Surgeon General's office. There was not a time, however, when there were not from 500 to 1500 nurses waiting at a port of embarkation, held up by the lack of transportation facilities. Fighting men, food and equipment had to be gotten over, of course, before the nurses. When the armistice was signed, the application papers of 600 nurses were in the Surgeon General's office waiting for assignment, so we were really, at the end, ahead of the game, but it would have been a great relief to the whole military establishment if it could have been known at the beginning of the war just what the nursing resources of the country were: how many nurses were really eligible for active military service and how many, both trained and untrained, could be safely depended upon for the care of the civilian population.

In making the survey now, the Red Cross is trying to give the whole country the benefit of its war experience by providing at the beginning of this reconstruction period, accurate knowledge of its entire nursing resources.

THE EIGHT-HOUR DAY

One of the most interesting discussions at the New York State meeting, held in this city early in December, was on the eight-hour day for nurses in training. The fact that nurses as a class have died in such large numbers during the recent influenza epidemic would seem to indicate that the character of the work makes the women of our profession more susceptible to certain forms of disease than other workers. The question naturally arises: Is this due to the long hours to which nurses are subjected both in hospitals and in private duty?

In the work of the private duty nurse, the twenty-four-hour day is giving way to some extent to the twelve-hour day. The regulation of the hours of the private duty nurse is outside the province of the laws governing nursing education, but it is within the province of those laws to provide a shorter working day for the pupil in training. It is during this period that the health of the young nurse is frequently undermined. The twelve-hour day, with sometimes unattractive food, and the nervous strain of the institutional life into which she is plunged and which, at the best, takes a number of years to become accustomed to, seem to make nurses more susceptible when exposed to unusual conditions such as we have recently been passing through.

A hospital superintendent with long years of experience said to

us the other day: "How can one be interested in professional matters and keep cheerful as the days go by when patients are dying of influenza in my hospital in such unusual numbers?" and she showed in her face the terrible strain under which she was living.

The fact that the Army School has been organized on the eight-hour plan, the working day of all government employees, indicates the attitude of the government in this matter. Aside from the physical need for this, which the whole nursing profession has recognized, though it has never been able to bring about the change, the better qualified of the applicants for training will, naturally, turn away from the twelve-hour day school and enter the Army School, in which conditions are more attractive.

We used to think it required three separate shifts to establish an eight-hour day in a hospital, but Miss Gilman in her paper appearing in this issue of the JOURNAL shows how the plan can be worked out with a smaller number.

At the New York meeting, a resolution was adopted referring the question of an eight-hour day to the State Board of Education, for under this department the nurse training schools of the state are registered and controlled.

We believe that all state associations and state boards of nurse examiners should take up this matter of the eight-hour day for pupils, immediately, and make it a country-wide movement as one of the conservation measures of the reconstruction period.

How to obtain a shorter working day for hospital officials, by which we mean superintendents, head nurses, night supervisors, dietitians, and all other permanent employees, as well as for nurses in private duty, is a question that requires study. If the labor leaders carry out their plan for an eight-hour day, international in scope, for all workers, it would seem that the working day for this class of workers could be regulated. It would, however, be more dignified if we could work it out for ourselves on a strictly professional basis.

Those schools that have for years been organized on the eight-hour basis could help at this time by sending their working schedule for publication in this magazine. We should need to know the number of pupils in the school and the additional number required by the eight-hour plan.

STATE LICENSING FOR ALL NURSES

Another matter about which we have all been concerned for many years but which has been allowed to drift for lack of public support, is that of making all the laws for the registering or licensing of nurses compulsory. Thirteen states are already in this class: Vir-

ginia, Colorado, Texas, Oklahoma, Wyoming, Indiana, Iowa, Montana, Kansas, Arkansas, Delaware, Utah and Maryland, and the remaining thirty-two comprising all the states which include the great nursing centers are still working with permissive laws.

Every person who is in any way caring for the sick for money, whether a graduate nurse, a practical nurse, or a nurses' aid, should be brought into line through some form of state licensing. The word "nurse" has lost much of its meaning for the mass of the people, and the war—and more particularly the epidemic—has broken down more than ever the distinguishing lines between the trained and the untrained nurse. We believe that all, no matter what the degree of their training, should be licensed, and we know of no better way than that already in operation in the state of Virginia where both the trained and the untrained women are registered or licensed by the State Board of Nurse Examiners.

What the qualifications for state licensing shall be and where this class of workers, to be known as attendants or hospital assistants, is to receive special preparation for this work, are questions still unsolved. The facilities throughout the country for such training are at the present time inadequate. The first step would of course be a broad waiver which would give recognition to all practical nurses who are depending upon practical nursing as a means of earning their livelihood.

If such a law had been in operation at the beginning of the war and every woman doing nursing, trained or untrained, had been properly licensed, there would have been no need of surveys, there would have been no doubt in the minds of the Red Cross and of the military establishment as to whether the nursing resources were sufficient to meet the needs of the war. We knew exactly how many doctors there were, because they are licensed. Compulsory state licensing of all classes of nurses would give us the same data in regard to nurses.

FURTHER OBLIGATIONS

There are other problems to which our attention has been called from time to time which will need to be taken up seriously again, to bring our affairs to a satisfactory condition. We must provide adequate nursing care for our great middle class which shall be within their means, and introduce nursing for the sick in the almshouses; and for the sick in prison. Wherever there are sick people, there should be properly trained nursing supervision and care. Our experience is teaching us that while we may share the responsibility with lay people, the initiative must come from within the profession.

AN IMPORTANT CONFERENCE

The Committee on Nursing of the Council of National Defense is closing its work on January 1st. In order that the experience gained during its work on the student drive may not be lost to the hospitals of the country, a conference was called in Chicago, on December 19th, of representatives of state boards of examiners and of state associations, pending legislation in a number of states making it necessary to have coöperative action over the country.

REORGANIZATION

The reorganization of the nursing associations of the country, beginning with the American Nurses' Association and going down through state and district to the alumnae associations, has been steadily progressing in spite of the hampering conditions of war. In a few places, the workers who understood what was meant and who started the work, are away and things are at a standstill until their return, but in general, the change has gone on, slowly but satisfactorily. New York State, at its postponed meeting, voted to adopt the district plan recommended, on the basis of individual membership, and comes into line with the rest who have done this.

Do we realize that when the reorganization is perfected, the whole country will be on an individual basis, so far as membership and representation in national affairs are concerned? The states will pay on a per capita basis, according to their active membership; the delegates to the biennial conventions will be allowed at the rate of one to every fifty members, the meetings being, as now, open to all. The duplication in membership and the paying of dues in many directions will be eliminated. The nurse who lives where she had her training, will, by the simple act of joining her alumnae association, become at once a member, also, of district, state, and national. The nurse who lives in some city distant from her school will join the district association of her place of residence and through that will be a member of state and national,—retaining only a friendly, non-active connection with her own alumnae association and paying to it smaller dues, since it cannot give her state and national privileges.

Those workers on by-laws, either district or alumnae, who are in need of guidance, will be glad to know that new copies of suggested forms have been ordered and they can be supplied either by the chairman of the Revision Committee or by the secretary of the American Nurses' Association.

We are hoping, also, that when the Army and Navy Nurse reports published in our Nursing News are reduced by the cessation of

hostilities, we may give space to some of these forms for by-laws for the benefit of the many nurses who wish to use them.

THE FEDERAL SUFFRAGE AMENDMENT

Those of our readers who approve of the Federal Suffrage Bill will be interested to know that only one more vote is necessary in the Senate to carry this to a successful issue. Many obstacles are being placed in the way of its coming to a vote this session, and the time for active work is limited.

We heard the statement made by one of the National Committee that President Wilson's eloquent address before the Senate on September 30th in favor of this measure has not yet won a single vote for the cause. This gives some idea of the strength of the opposition.

MISS DELANO GOES TO FRANCE

Red Cross workers everywhere will welcome the announcement which reaches us just as our pages are closing that Miss Delano left Washington on the eleventh of December to sail for France as soon as transportation could be arranged. Miss Delano has been at her post in Washington ever since war broke out in 1914. That the nursing service was ready when the United States entered the war in April, 1917, was due very largely to her vision and effort. While she has had a large group of our most able women associated with her in her office and as Division Directors throughout the country, no one appreciates, better than they, that much of the success of the entire military nursing service has been due to her personal initiative and supervision.

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ARTIFICIAL PNEUMOTHORAX IN TUBERCULOSIS

BY ESMOND R. LONG

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It is almost twenty-five years since Carlo Forlanini, at the meeting of the International Medical Congress at Rome, in 1894, spoke on the principle of lung compression and advocated the therapeutic use of nitrogen for this purpose, reporting several cases of his own so treated; and it is just twenty years since our own John B. Murphy described cases he had treated for the collapse of tuberculous cavities by his method of intrapleural injection of sterile nitrogen gas; yet it is only seven or eight years since the procedure has come into anything like general use. So new is it in the public mind, that the non-tuberculous laity, if they have heard of it at all, are apt to think of the method as a "new cure." The tuberculous have all heard of it; they hear of everything that offers anything like a new chance.

The theory of artificial pneumothorax is simple enough, and it does not involve "killing the germ," as the writer of a recent florid article in a New York daily would have us believe. The idea back of the procedure is the same as that back of bed rest or of lying, day in, and day out, in a reclining "cure chair,"—functional rest, enforced rest of the affected part. Let us form a mental picture, for a moment, of the lung sliding back and forth in its greased box, the pleural cavity, collapsing and expanding, stretching and relaxing, fifteen times, more or less, a minute, nearly a thousand times an hour, twenty thousand times a day. Let us think of scattered groups of soft cheesy tubercles in a part of or throughout this lung, perhaps a cavity somewhere in the top; let us remember the countless minute drainways, the lymph channels, leading away from the neighborhood of these tubercles and all other parts of the lung, forming a vast interlacing system, with the contained lymph ebbing and flowing, forward and backward, more or less in response to the lung's expansion and retraction. How constant is the menace of extending the infection, how frequent the check to nature's attempt at fibrous investment of the infected areas! Imagine an infected cut across the palm of the hand and ask yourself, What are the chances of first-intention healing if that hand is opened and shut twenty thousand times a day?

Pneumothorax is instituted for the purpose of immobilizing the affected lung. It is accomplished by injecting into the pleural cavity sterile air or nitrogen gas, thus surrounding the lung and shutting it up inside its box. As a rule, complete collapse is not usually estab-

lished at one treatment but is done gradually, the usual procedure being to begin with small, frequent injections, 200-300 cc. every few days, and then gradually increase the amount injected and lengthen the interval between doses. The pleural cavity will hold 2000 cc. or more, but in the course of a few weeks or months, much more will be introduced to establish and maintain a collapse, as the gas put in is slowly absorbed. Nature herself is sometimes more daring and she has many times effected a sudden collapse and subsequent cure through the agency of a pleural effusion. The frequent favorable outcome of such cases was known to the acute clinician of many decades ago. The cautious physician, however, never forgets the danger of tearing adhesions, which may overlie a thin walled cavity and, giving way, tear out the wall and open a connection between the pleural space and the tuberculous cavity, thus giving rise to spontaneous pneumothorax and probable empyema. His method is to "play safe," and stretch the adhesions gradually, if possible, but never push them to the limit.

The operation is conducted with the usual precautions of asepsis, and is carried out under local anesthesia, a drop of two per cent novocain solution being injected into the skin at a selected spot between the ribs, through which the hypodermic is passed down through the muscles of the chest wall, an occasional drop being pushed ahead of the point of the needle, until the pleura is reached—the patient is apt to inform you when this tender spot is touched—which is well anesthetized with a few drops before the needle is withdrawn. The needle track is next slightly enlarged with a thin bladed knife and the gas needle, protected by a guard from going too far, is inserted and the pleura punctured. Whether or not the point of the needle is actually within the pleural cavity is determined by the reading of the manometer, or pressure gauge, which is switched in on the rubber hose between the needle and the gas tank. The normal pleural cavity exhibits a negative pressure and the level of the fluid in the gauge rises and falls with each inspiration. The gas in the tank is turned on and a suitable amount injected, the stopping point being determined by the operator's discretion and the reading of the manometer, which records the gradually increasing pressure.

And what are the indications and contraindications for this method of treatment? The one primary necessity before it can be attempted at all is, of course, an opposite lung good enough to do the usual work of two. Fortunately the lungs, like all other organs of the body, have a large measure of what the physiologist Meltzer calls "factors of safety." A lung with no disease below the third or fourth rib can usually stand up under the strain when the opposite one is

put out of business. It should be mentioned in passing that (in man) the mediastinum is stiff enough to prevent the pressure on the side of the collapse from being exerted to any great extent against the opposite side. The heart may be displaced somewhat, but this is not likely to become serious. The type of case commonly selected is that in which there is progressive and fairly extensive disease in one lung and little or none in the other. If there is not too much consolidation around them, cavities collapse promptly and well. Many a stubborn hemorrhage has been controlled by the collapse of the cavity responsible for it. Much consolidation is a contraindication to the use of the treatment, the tissues being too stiff to collapse. The commonest bar to success is the pleural adhesion which prevents the pleural envelope of the lung and the pleural surface of the thoracic wall from separating. Many cases cannot "take gas" because "they have adhesions," but we must remember that a lung with tuberculosis of any length of standing, without adhesions, is practically non-existent; it is their location and type that determine success or failure. Fibrinous adhesions stretch or slowly give way; fibrous are more serious; basal adhesions are likely to be a serious bar. Not always, by any means, can a complete collapse be effected; yet the partial collapse may be of distinct value. Marked continuous shortness of breath, of course, rules the operation out. A patient finding difficulty getting enough air into two lungs to satisfy his body needs is not apt to derive much benefit from the physiological removal of one of those.

The effects of the treatment may be thought of as: first, immediate, and second, ultimate. In favorable cases a sudden drop in the temperature is an early sequel; the compression inhibits the accumulation of toxic matter, and absorption is correspondingly cut down. The expectoration, momentarily increased, later decreases. With these benefits the patient's general condition improves. The ultimate effect, the desired effect, is fibrosis, scarification, of the infected regions, which the tissues may accomplish if given a fair chance, and this is a time consuming process. Gas cases must expect to continue the treatment a long time, perhaps through life, with frequent (three to six weeks) injections of gas to replace that absorbed. They must expect to drop in regularly at their respective service stations, so to speak, for their supply of necessary, if not free, air. Yet this does not mean that they are crippled or altogether disabled. Many, many cases are "working on gas." Even in the most favorable cases, only after many months should the lung be permitted to re-expand. Yet it is interesting to know that Forlanini, the originator of the measure, has successfully treated both lungs of the same case by this method, compressing the second some time after the first and worst

lung had been collapsed, healed by this lengthy process, and finally allowed to re-expand to undertake the load while the other one underwent similar treatment. A fairly frequent complication should be mentioned, pleural effusion. This is not necessarily serious, and even may be beneficial, as is pointed out above.

Without going too deeply into statistics we can say that the method long ago established its place among the useful tools of medicine. A large number of clinicians have reported their personal experience with it, and the general conclusion from their observations is that a good half of the cases so treated show improvement. Two years ago, W. C. Farmer, (*Texas State J. M.*, December, 1916) gave the following analysis of 1145 cases treated by twenty-five American observers:

Quiescent, arrested	-	22 per cent
Improved	- -	29 per cent
Not benefited	- -	49 per cent

Floyd of Boston, one of the leading men in the field, states that 50 per cent of all cases do well, showing marked improvement or clinical arrest, quoting the figures of Sachs, Shortle and others (*Boston Medical and Surgical Journal*, March 14, 1918). and we must not forget that in spite of a present tendency to collapse early cases, by far the greater number so treated in the past, cases on which these statistics are based, have been advanced, often even desperate cases.

SOME EXPERIENCES IN ACTIVE SERVICE—FRANCE

BY GRACE E. ALLISON, R.N.

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PART I.

Although the organization of Base Hospital No. 4, U. S. A., was begun several months previous to the declaration of war, the advanced notice of the impending mobilization came very unexpectedly on April 29, 1917, and gave us little time in which to make preparations for our indefinite period of service over-seas. Almost every member was engaged in some responsible field of work. However, it seemed that every one was concerned in our interest and welfare and rallied to our assistance. The Daughters of the British Empire, the Lady Board of Managers of the Lakeside Hospital, the Cleveland Red Cross Chapter, the Lakeside Alumnae, and many other kind friends offered many gifts which have contributed much to our comfort dur-

ing our experience over-seas. On May 6, sixty-two nurses from various parts of the United States assembled with the general Unit at Cleveland and entrained for an unknown destination.

The time spent on the train, journeying to New York, was largely consumed in taking measurements for out-door uniforms, which at that time had not been provided. The matter of Army records was also taken up and we were given instruction in the first essentials of Army work, including swearing our allegiance to our country, after which we became members of the Army Reserve Corps.

Arriving in New York, we were quietly and expeditiously transferred by ferry to the Cunard Liner, *Ordunna*, where assignments to quarters and other necessary provisions were made for our comfort and welfare. Here we met Miss Noyes, Director of the Bureau of Nursing Service, who distributed our capes, caps and other equipment, and who gave us many words of encouragement. Miss Nutting and Mrs. Helen Hartley Jenkins, Mrs. Draper and others made our departure much easier by their kind words and messages. Mr. Samuel Mather, president of the Lakeside Hospital, who had been most interested in the organization of the Unit, hurried from California to bid us God-speed before we should start on our journey. At last all was in readiness, ropes were loosened, and the first Unit to sail over-seas after the declaration of war, moved down the harbor, singing "The Star Spangled Banner."

The eleven days spent on the ocean voyage were rather uneventful, much of the time being consumed in classes and military drills which were held regularly, both for the nurses and the corpsmen. Instruction in life-boat drills was also given and there were many moments of pleasure arranged for our benefit. The time passed quickly and gave us less opportunity to think of possible dangers or of dear ones left behind. That every nurse was a soldier, was evident from the first day on ship-board.

As we approached the Irish coast, we were necessarily a little anxious, inasmuch as "U" boats were very active there at that time. Two days out from England we found the weather disagreeable, the sea being rough and foggy. By the use of wireless, our convoy found us and there was indeed great rejoicing throughout the ship as the first American destroyer to convoy a British ship assumed its protective position in front of our steamer. We finally reached Liverpool. Representatives from the British and American armies were there to welcome us and after speeches were exchanged, the officers went ashore. The nurses were ordered to remain on deck until further notice, which was not forthcoming for some time. We afterward learned that the delay was due to the fact that a cable had been re-

ceived, stating that "All nurses were male nurses," and for this reason no accommodations had been arranged for our reception. However, this difficulty was finally overcome and we were very comfortably cared for during the twenty-four hours spent in Liverpool. The officers having preceded us to London, an official of the British Government escorted us by a later train, and we arrived in London on May 19. As this was the first appearance of America's entrance into the war, England was most solicitous as to our reception. The Dowager Countess of Airlie, representing Queen Alexandra and Lady Roberts, Miss Beecher, the British Matron in Chief, Miss Lloyd Still, Matron of St. Thomas Hospital, Miss Cox-Davis, and others were there to welcome us. As I look back at this experience, I wonder whether the United States would have shown the same honors to the nursing profession as did England in receiving nurses officially at the War Department.

The five days spent in London were extremely busy ones. Among the functions given were receptions at Buckingham Palace, where Their Majesties, the King and Queen, received our Unit, as did also Her Majesty, Queen Alexandra at Marlborough House. Ambassador and Mrs. Page held a reception at the Embassy and Mrs. Whitelaw Reed gave an afternoon tea for the members of the Lakeside Unit and for the Harvard Unit, which had just arrived in London. Receptions were also given at the Nightingale School, at the Royal Free Hospital, and there were various other functions. We were very glad indeed to have this opportunity to meet Mrs. Bedford Fenwick, who has contributed so much to the advancement of nursing in England.

At last notice came that we were ordered to France, and Miss Beecher, Matron in Chief of the British Nursing Service, and other representatives bade us God-speed on our journey, as the train started for Southampton where we were to embark for our final destination. Here we were transferred to the hospital ship *Western Australia*, and assignments were made to the lower part of the ship, where each nurse was given a hospital cot. Our bags had been taken from us and were not as accessible as we had expected them to be, but this being active service, the inconvenience was overlooked, as we fell asleep wrapped in our life-preservers, still fully dressed, ready for any emergency. We were aroused suddenly by the shot of a gun which proved nothing more than an order to stop, as our ship had apparently failed to observe the proper signalling required. Morning came at last, and we laid anchor, awaiting the tide. The fog had disappeared and the sun shone brightly as if to lighten our entrance into France. Our ship had now entered the Seine and "Old Glory" floated proudly as she returned the greetings from passing ships and

stations on the shore. Up to this time, war had seemed remote, but as we passed small villages or lonely thatched cottages on either side of the river with their small groups of aged and depressed peasant folk with perhaps one or two small children or infants, we realized keenly that the three and one-half years of warfare had deprived them of their sons and fathers, some temporarily, but many that would never return. Young women were conspicuous by their absence, they too having gone forward courageously to contribute their utmost toward this gigantic struggle in munition plants and factories where their services were needed. A German prison camp was passed, where hundreds of soldiers were confined within a large area enclosed by a barbed-wire fence. These soldiers were stalwart, mature men and seemed well nourished. They gazed with interest upon us but I doubt if they comprehended the significance of the entrance of America into the war, as one later, when seeing the United States insignia upon the uniform of an American officer, remarked: "America—and are you with us?"

At the close of the day we found ourselves approaching Rouen, that unique old city which was to be our future temporary home. As the ship steamed toward the dock, great throngs of people crowded to the wharf. As we moved off and marched through the town, there was left no doubt in our minds that war was a reality. Practically every woman was dressed in mourning and the children, with their emaciated pale faces and their customary black aprons, added to this sad picture of misery and distress. Their cries of *Vive L'Amerique* will never be forgotten. It was the realization of hope to them,—it renewed our spirit of determination.

After marching a distance of two miles, we were met by the dusty gray ambulances which conveyed us to our final destination, the British hospital, since known as No. 9 (Lakeside, U. S. A.) General Hospital. The institution had been built by the British in the early period of the war and presented an interesting picture with its twenty-five long, brown-stained, wooden huts, and its numerous tents, all laid along streets running in parallel directions. As we passed the administration buildings, we noticed the well-kept lawns in front, on which a flag pole had been placed and from its mast was seen the Union Jack with the Red Cross flag. Here, later, floated the first official American flag to fly over European soil after war was declared. Beyond the administration block, along the main roadway, we came to several brown buildings known as the Nurses' Quarters. The attractive English flower gardens on either side of the path and within the well kept lawns seemed in readiness to add to the gracious reception awaiting us within.

It was a glorious welcome to our new home and we felt that our opportunity to serve in this great struggle was now before us. The journey was over and after little disturbance or delay, sixty-five weary nurses became oblivious to all about them as they lay on temporary beds on the floor,—the beginning of active service at the front.

(To be continued)

FOOD CONSERVATION AND INVALID COOKERY

BY ALICE URQUHART FEWELL

Los Gatos, Calif.

In spite of our efforts toward food conservation during this past year, we are told by the Food Administration that even more care will be required in the future if we are to make the necessary shipments of food to Europe. The laying down of arms has not solved the food problem, for with the coming of peace we must help to feed those countries with whom we have been fighting, and it will be many months before food conditions in Europe return to normal.

We have been asked to conserve wheat, meat, fat, and sugar, and the conservation of these classes of food in their relation to invalid cookery is well worth discussion.

In order to save wheat, other cereals must be substituted in part, though the wheat regulations now are not as strict as they have been. Corn, oats, barley, rye, rice, tapioca, arrow root, soy beans, and potatoes may all be made into flour, and used as wheat substitutes. Corn meal and barley are, perhaps, the most commonly used.

There has been much discussion as to the food value and digestibility of the substitutes as compared with wheat, and the discussion is especially applicable to invalid cookery. It is conceded by authorities, generally, that such substitutes as corn, oats and barley, are equal in food value to wheat itself. Their digestibility depends largely on proper preparation and cooking. Barley, when well cooked, is as digestible as wheat, and barley flour made into gruel has long been used in the diet of infants and invalids. Cornmeal is, perhaps, the most difficult of digestion, but when cooked for a sufficient length of time, it is found to be digestible, and is well borne, even by invalids.

The flavor of the wheaten breakfast foods is preferred by most people, but the substitutes can be made quite as palatable by proper cooking, and by combination with fruit. When making cornmeal mush, a long, slow cooking is necessary to bring out the flavor and to render it digestible. The cornmeal should first be mixed with cold water, to prevent lumping when the boiling water is added. It must

be cooked directly over the fire for ten minutes, and in a double boiler over boiling water for three hours or more. A fireless cooker is excellent for all cereals, and when it is used, the cereal should remain in the cooker all night. Baked cornmeal or other cereal is delicious, and has quite a different flavor from that cooked in the usual way. Cook the cereal on top of the stove for ten minutes, then cover the utensil tightly, and bake in the oven for one hour. When a patient tires of oatmeal, try putting the oatmeal flakes through the finest division of the meat grinder before cooking. The result is very different from ordinary oatmeal.

Dried fruit added to cereal shortly before it is removed from the fire improves the flavor. Dates, prunes or figs may be used in this way. Besides making the substitute cereals more appetizing, these fruits are especially good for invalids on account of their laxative properties. The flavor of nearly all cereals is improved if hot milk is added, and the cereal vigorously beaten, for several minutes before serving.

When making wheatless bread or biscuit, more yeast and baking powder are required than for wheat flour. Wheatless bread should rise until triple in bulk instead of double in bulk. Rye flour more nearly approaches wheat than any of the other substitutes since it contains gluten, and bread and biscuit made of rye flour are very satisfactory. When substituting oat, rice, or potato flour for wheat in a recipe, use only one-half to three-fourths as much as would be required of wheat. Rye and barley flour may be substituted in the same proportion as wheat.

In our efforts to conserve meat we may substitute the following foods: fish, chicken, eggs, cheese, nuts, peas, and beans. Since fish and chicken are both more digestible than meat they should be served frequently to invalids in place of beef. Eggs served in various forms may be used, but cheese, nuts, peas, and beans are all rather difficult of digestion, and should be employed sparingly in invalid cookery. Cottage cheese, and the simple cream cheeses may be given, and nuts only when ground. Peas and beans are rendered more digestible if they are mashed after cooking and served in the form of a puree.

The saving of fat is one of the most important of the conservation measures. Butter and lard are needed in Europe, and we are asked to save these animal fats, and substitute vegetable fats for them, in part. Vegetable fats can be used in place of butter in cookery. Peanut oil, corn oil, and olive oil are all used for this purpose. Many of these oils are combined with other things to form firm fats which are adapted for use in making biscuits, cake, etc. Adults in good health may substitute a large proportion of vegetable fat in the diet, but

for children and invalids the animal fats are almost indispensable. The animal fats contain certain growth determinants necessary for the growth of children, and for the repair of tissue. It has been found that the wounds of soldiers heal more readily when animal fats are included in the diet. All patients recovering from surgical operations should have animal fat in the form of butter and cream, hence we see that we cannot carry too far the conservation of fats in invalid diet without detriment to the patient.

Economy must be practiced in serving butter, and care taken to see that none is wasted. Serve only small portions at first, giving a second serving if desired. Should any butter remain on the tray when the patient has finished, it may be sterilized by boiling and used for cooking. If a patient receives butter or cream with each meal, the vegetable fats may be used to replace butter entirely in cooking the food. Use one-fifth as much less of vegetable fat as would be required of butter in any recipe.

All fat left in the pan after meat or chicken is cooked, together with the fat from the top of soup, should be saved and made into drippings for use in cooking. The fat is first tried out by heating in a double boiler until the tissue shrivels. It is then strained through cheese cloth, and is clarified by boiling it with pieces of raw potato. After a second straining it is allowed to cool and become firm, when it is ready for use. Clarified chicken fat is most excellent for making cake.

The conservation of sugar has been brought home to us very forcibly by the "two-pound sugar ration." This amount barely provided sugar for table purposes, and we had to look elsewhere for sweetening substances in cooking. Honey, corn syrup, maple syrup, molasses, and maple sugar are all substitutes for cane sugar. Honey, maple syrup, and maple sugar may all be used in the same proportions as sugar in a recipe. Corn syrup and molasses are considerably less sweet than sugar, and must be used in larger quantities. Almost twice as much corn syrup as sugar is required for sweetening desserts. When using corn syrup, maple syrup, or honey in a recipe containing liquid, use one-fourth cup less of liquid for every cup of syrup or honey used. A cup of honey is considered equal to a cup of sugar plus one-fourth cup water. Honey is especially good for sweetening desserts, ice cream or cake, and is adaptable to invalid cookery since it is easily digested and has slight laxative properties. Maple sugar should be shaved or grated before it is used; it is good for sweetening and flavoring custards.

Save wheat, meat, fat, and sugar, wherever you can, and make intelligent use of the conservation substitutes.

YOUR CHANCE¹

BY DORA CHRISTIANSON

Preliminary Student in Bellevue Training School, New York

Ye women who thrilled when war was declared,
Who felt a just pride in the eagle who dared
Sweep majestically down with a resolute cry
And challenge the buzzard who threatened our sky,
Ye women who cheered the long lines marching by,
And envied their privilege to fight—yea to die
For the flag, while the thought of the glory of death
In such cause clenched your hands and quickened your breath,—
At the feet of your country you loyally knelt,
Asking, "What can I do?" Oh, I know how you felt.

Ye meant it, ye women,—and spared neither time
Nor money, nor work, in your efforts sublime,
To help the great cause,—nor reckoned your loss,
And you felt it an honor to wear the Red Cross,
And who will condemn you, if into your hearts,
There crept the desire to be counterparts
Of your brothers in uniform, khaki and blue?
It was only the feminine instinct in you.

Ye women,—ye same,— whose brave hearts thrilled before,—
Do ye not hear the cry of distress at the door?
The buzzard is maimed, but his ally's at hand,
And the vulture of death circles low o'er our land,
Have the heart-broken cries of the women of France
Dulled your ears to the sob of your neighbor, perchance?
Must the moan of despair come from over the sea
In order to kindle our warm sympathy?

Let the khaki be worn by the men who must fight;
Your work can be done in the gingham and white.
You will wear a white apron with quite as much grace,
And a red cross means much on a mask o'er the face,
You who longed for a chance to fight hand to hand
With the foe, braving death, do ye not understand
That the worst foe is here? and so here is our chance,—
For all of the fighting is not done in France.

Ye women who thrilled with fine purpose before,—
It is now you are needed, *for this is our war.*

¹ These verses were written a few days before Miss Christianson's death from pneumonia during the recent epidemic. She was a graduate of the University of Wisconsin.

MYELOGENOUS AND LYMPHATIC LEUKEMIA

BY ANNA L. GIBSON, R.N.

Boston, Massachusetts

I have been asked to tell something about my work with blood diseases. I have chosen as my subject, "Leukemia," as I feel that as nurses we come in contact with this terrible disease less often than any other, and have, therefore, considered it a rare condition.

Review of the literature.—It has been stated that in 1845, Huges Bennett recorded a case of "suppuration of the blood with enlargement of the spleen and liver," and he afterward gave the disease the name of "Leukocythaemia." A month later, Virchow described a similar condition of "white blood" to which he gave the name of "Leukemia." In 1870, Neuman made extensive studies of this disease, and determined the importance of the changes in the bone marrow in connection with it. Banti, Warthin, and others regard the disease as related to myeloma and sarcoma.

The nature of the disease is unknown. There is no age at which any form of leukemia may not occur; but on the whole, the spleno-medullary form affects adults rather than children, whereas the lymphatic affects children rather than adults. The acutely fatal cases resemble an infection, but no organisms have been determined.

Varieties.—Although the majority of cases of leukemia belong either to the spleno-medullary or the lymphatic form, there are cases in which the symptoms and the blood changes partake of the character of both. Cases are divided into three groups: (1) the myelocytic, or myeloid, corresponding to the spleno-medullary type, and (2) the lymphoid, which represents the lymphatic variety. The differences in the types of the disease depend on the dominance of the myeloid or lymphoid process, (3) some cases not fitting accurately into either type are called "atypical" or "transitional" forms.

Just at present I am deeply interested in a case of polycythemia whose blood picture has completely changed and now resembles an "atypical" myeloid leukemia, and also in three cases of Hodgkins whose blood pictures have changed and now resemble typical lymphatic leukemia. I have searched dilligently through the literature and find no similar instances.

I. MYELOID LEUKEMIA.

Etiology.—The disease is more common in males than females, and between the 25th and 45th years. The youngest case at the Huntington Hospital was a child two and a half years old.

In taking the histories of these patients I have been interested to

note that in many cases it has followed pneumonia. In some instances it has followed an injury. Cases occur under the most favorable conditions of life. In no instance have I found history of this disease in the family. There is on record a case which passed through three pregnancies, leaving on each occasion a non-leukemic child. One of this patient's children had leukemia before the mother showed signs of the disease, and the patient's grandmother, mother, and brother suffered from symptoms strongly suggestive of leukemia.

The spleen is greatly enlarged, the weight may range from two to twenty pounds. The kidneys are often enlarged.

Symptoms.—As a rule the onset is insidious, epistaxis is common. Patients generally consult the physician for progressive enlargement of the abdomen and shortness of breath or pallor, palpitation, and other symptoms of anemia. Deafness, diarrhoea, dizziness, and headache are early features in most cases. Priapism is a curious symptom observed in many cases. The gradual increase in the volume of the spleen is the most prominent feature with pain and tenderness in the splenic area. Fever is generally present, temperature ranging from 100° to 103° F.

Blood.—The diagnosis must be made by the examination of the blood, as it alone offers distinctive features. There is an enormous increase in the white blood corpuscles. The average in my series of 60 myeloid cases was 400,000 per c. mm. In one instance the number of leucocytes equaled that of the red corpuscles. The increase is generally in the abnormal cells, the myelocytes, which range from 35 to 60 per cent. The red cell count may be normal, but there is a slight anemia. The count may fall to 900,000. The blood platelets are markedly increased. When anemia ultimately ensues it is of the chlorotic type. The disease lasts from one to five years.

II. LYMPHOID LEUKEMIA

This type seems to be less common, and occurs more frequently in males. The course of the acute type is rapid and fatal, death resulting within three or four months, death has occurred as early as the seventh day. It is the most terrible of all the blood diseases. Among the early symptoms are angina, often of an ulcerative character, involving the tonsils and the pharynx. The glands of the neck become swollen and the patient rapidly becomes anemic. The temperature may range from 102° to 105° F., and the case may be mistaken for malignant typhoid or typhus fever. There are cases in which no glands are enlarged, the diagnosis not being at all obvious without a blood count.

The chronic form is a very different disease, occurring later in

life, beginning with a general enlargement of the lymph glands, first in the cervical, then in the axillary and groin. The spleen may be enlarged.

Blood.—The most striking feature is the increase of lymphocytes, which often reach 99 per cent. The small lymphocytes are found in the majority of the chronic cases although there are a few types and so called "fragile" cells.

III. ATYPICAL LEUKEMIA

These are cases in part myeloid and in part lymphoid

Diagnosis.—The diagnosis is afforded at once by the differential blood count in the majority of cases.

Prognosis.—Recovery in leukemia is practically unknown.

Treatment.—There are certain remedies which have an influence upon the disease. Arsenic is the best drug which has a positive value in the disease. Benzol, quinine, tuberculin and X-rays have reduced the glands, spleen, and leucocyte count. At the Huntington Hospital, radium is the only treatment given, as we consider this the most efficacious. A series of treatments will markedly reduce the size of the spleen and the white blood count may return to normal for a period. However, there are curious remissions in the disease which render therapeutic deductions very fallacious. Excision of the spleen has been performed many times with few recoveries.

THE NEGRO PROBLEM AS IT APPEARS TO A PUBLIC HEALTH NURSE

BY SARAH B. MEYERS, R.N.

Fulton, Kentucky

No greater task confronts the south to-day than that of converting the southern negro into a being who recognizes the laws of health and sanitation and who is willing to put them into practice in his every-day living. The magnitude of this undertaking cannot be grasped by those who are not brought face to face with the situation, but a visiting nurse in a west Kentucky town, who comes into daily contact with the negroes in their homes—or shacks, more accurately speaking—feels that the people of the community must be awakened to the fact that, through these negroes, disease is brought into the homes, and that, for the sake of their own health and happiness, if for no other reason, they should coöperate with the health officers, doctors, nurses and health and welfare organizations in an effort to

teach these people cleanliness, better modes of living, and the prevention of disease.

Go with me for a little while into one of these homes where the income is sufficient to ensure comfort and a few luxuries—a home that would be spoken of as representing the middle class in a less democratic country. The visiting nurse, being a privileged character, may enter the back door, so we make our advent into the kitchen. More often than not we shall find a dusky damsel presiding over the cook stove and calling herself mistress of ceremonies in that particular sphere. It is her blessed privilege to juggle dish pans and dish cloths according to her own notion, and, though she may be covered with disease germs, she has probably never heard of them.

Those who employed her took the trouble to find out if she were a good cook and if she were honest, but did not concern themselves with finding out whether or not she might be infected with tuberculosis or some other disease that would be communicated to those around her.

Follow me into the nursery and we shall find that by no art of persuasion are we able to coax the smaller children from the arms of the little colored girl who often has the care of them for the greater part of the day. Remembering our slogan, "Save the Babies," we realize at once the importance of having this same little colored girl in an environment of health and cleanliness when in her own home.

As we leave, we see a negro woman coming up the walk, balancing a huge basket of freshly-ironed clothing, and we cannot help wondering, as indeed we have a right to wonder, upon what kind of beds and chairs these clothes have been lying since they were sent out on Monday, and whether they are being brought back in proper condition.

All effort toward sanitation and prevention of disease will be for naught if the people do not protect themselves against these outside evils by getting at the root of them, even though the process be slow.

My heart sank within me after my first visit to the negro quarters. Large families were huddled together in single rooms, the only redeeming feature of which was that they were always assured of plenty of fresh air because of the numerous cracks. Often I have found two or three lying ill in the same room, with almost no bed-clothing or fire, and usually there was a case of tuberculosis, this disease being very rampant and very fatal among the negro population of the south.

If you show these humble creatures that you are really their friend and that you are trying to help them to better their condition,

they are usually very responsive. A few visible results soon gave me encouragement.

At my request, worn, dirty floor coverings were replaced by clean strips of matting, or, better still, by cleanly scrubbed floors, for I did not hesitate to demonstrate to them, aside from simply telling them of the cleansing virtues of soap and hot water.

There is one family under my observation, where the mother goes out to work every day, leaving her three small children alone, the little four-year-old girl having the entire care of the eight months old baby. The little nurse is such a baby herself that she has to sit in the same position, with the baby balanced on her lap just where the mother has placed it, until she returns from work. The father is a shiftless creature who seems to feel very little responsibility. It is needless to say that under such conditions the children were almost without clothing, were very scantily fed, and were dirty beyond description.

With the aid of some neighbors and a generous supply of hot water and soap, I spent one morning chasing microbes and dirt from this cabin and its inmates, and I was amply repaid by the expression on the face of the little four-year-old, after we had given her a bath and had dressed her in fresh, clean clothing, probably the first she had ever had.

While so much of my work has been concerned with just such deplorable conditions as these, I have discovered some very quaint and interesting characters among these people, that have given me a respite from such depressing scenes as the one I have just described.

In a very short time after my arrival I made the acquaintance of a real old slave negress and she and I became the best of friends. Though she has been married no less than three times, she is known to the entire community merely as "Aunt Net," and I discovered, while trying to find her insurance policy amidst a whole family tree of policies, that she answered to any one of the names of her three departed husbands. Be that as it may, Aunt Net has managed to retain only a bitter memory respecting them, and often gives me the most enlightening and discouraging discourses on matrimony that can be imagined.

One of Aunt Net's neighbors has proven no less interesting, for he is the typical old grey-haired southern slave, with his stove-pipe hat, and I think from his frequent visits next door, that "Uncle George" is going to succeed in persuading the old woman that the fact that she has been three times disappointed is no reason why she should not give him a fair chance.

Miss L. and I took a snapshot of each of them one morning and

Aunt Net insisted that we come back later and take another of her in her pink silk dress, with her hair "all fixed up" and her waist "all pulled in tight"; we are looking forward to that day with as much anticipation as she.

Since my coming to this town I have, with the aid of the president of the local Red Cross Chapter and some interested members, succeeded in organizing a Red Cross Unit among the negroes. The superintendent of one of their schools and some of their teachers have shown great interest, and in a very short while they enrolled thirty members, while sixty-five colored children are members of the Junior Red Cross. Of course they cannot make surgical dressings because of lack of equipment, but they are knitting and are making hospital garments for their own soldiers. While assisting to that extent in war work, they will be made to feel that they really have a part in the fight for right and justice, which, in itself, will be a step toward uplifting them.

On the night of their organization they had a musical program prepared. A speaker of their own race, who is chaplain in the army, delivered a very forceful patriotic address. He emphasized the fact that his people knew no other flag than the Stars and Stripes and cited instances in American history that proved the negro to be patriotic.

Their interest in the Red Cross work was gratifying, though they dealt our efforts an unintentional blow when they arose and sang, as only southern darkies can sing, "I Ain't Goin' a Study War No Mo'." Since then, I have found that they like to use this song as a sort of doxology in all of their Red Cross meetings.

I have been asked to meet them in their churches and societies and to explain the meaning of the Red Cross organization and its work. On these occasions, after being formally introduced as the "Sick Nurse," I have seized the opportunity to give them some suggestions along the lines of sanitation and cleanliness in connection with instructions on the work of the Red Cross.

I have recently organized a Little Mothers' Club among the school girls, in which they seem to take as much, or even more interest than do the girls in the classes of the white schools.

Sometimes the work among the southern negroes seems very discouraging, but if the seemingly impossible is to be accomplished with this race, some one will have to do the pioneer work, so if it happens to fall to the lot of those of us who are at present laboring in this field, we can at least comfort ourselves with the vision of a time to come when our efforts, that now often seem fruitless, will be looked back upon as the germ of a reformation concerning health and sanitation among the negroes of the south that will mean much more to every southern home than we should now venture to prophesy.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

RECONSTRUCTION

The war is over. It is with a profound sense of relief and thanksgiving that we look back on the last year and one-half with its unprecedented demands, its heavy burdens, its desperate efforts, and realize that the thing we worked for and struggled for has really been achieved.

The army and navy have been supplied with the best nursing service this country could afford, and though there has been a scarcity at times at home, and much inconvenience owing to the dislocation of all forms of nursing service, we have come through without any serious breakdown anywhere,—indeed in certain respects stronger and more efficient because of the experiences and developments which the war has brought. The nursing profession has every reason to congratulate itself on the high type of leadership shown by its foremost women and on the splendid loyalty and devotion of its great body of workers, not only those who volunteered in such large numbers for service over-seas, but those who chose in many cases the more prosaic but harder task of keeping things going at home.

While it is gratifying to know that in essential things we stood the test and did the thing we set out to do, it was inevitable that the stress of war should show a number of weak places in our organization and preparation not only to those of us who have long been conscious of them, but to the profession and the public at large. Practically every other type of institution or organization has had the same experience. Some have had to scrap their most treasured traditions and reorganize themselves from top to bottom to meet the relentless demands of the war; others, after having gone through a painful period of self-examination are just beginning to tackle the big job of renovating and re-building the old structure to meet the demands of peace.

In many ways this period of readjustment is the most critical period of the war. Now that the greatest strain and excitement are over it is perfectly natural that we should all want to settle back again into the old pre-war ways, and seek a peaceful and ordered life under the old conditions, but the old order of things is gone and we are living in a new world with new problems to face in every department of the world's work.

Most of our nursing problems are not new, however, they have come down to us as a heritage from the past and they are so deeply entrenched in our whole system that we have sometimes felt there was no solution for them except through a radical reconstruction of the system itself. There is no doubt that it is really easier to measure up to a big immediate overpowering emergency than to undertake the slow painful work of readjusting an old established order, but it looks as though this would have to be our task in the coming months and years. If we fail here, we will have failed in the war, because the war has given us the opportunity to get out of the old grooves a little and to see things with clearer eyes. While everything is in more or less of a fluid state and people have opened their minds to new ideas, this is the chance to strike out into new lines of effort. If we wait even a year the chance may be gone.

There is no question but that the time is ripe for certain changes in nursing. Nursing reforms have nearly always followed great wars, but they have not come about without concerted and energetic action. This action has usually come from people outside the established order because the people who were doing the work could not see the abuses which had become intolerable or had not the strength or courage to rise and sweep them out of existence. Since the establishment of modern nursing by Florence Nightingale, however, there has been a steady effort on the part of nurses themselves to face their problems frankly and to handle them directly through their own organizations. The impetus toward reform has invariably come from within the ranks, and many abuses have been effectively dealt with through the courage and indefatigable energy of a long line of stalwart pioneers who have struggled unceasingly for better conditions. Most of these have been superintendents of nurses in our own training schools and we owe them a tremendous debt of gratitude for the work which has already been accomplished and the standards which have been won.

But there are many perplexing problems with which we have never been able to make much headway and which, we are beginning to realize, are much too big and too complicated for us to handle alone. They have to do largely with our system of training, with conditions of living and hours of work, with the personnel of our nursing schools and with the whole complicated system of teaching and training. Fundamentally all these problems rest on an economic basis, as Miss Nutting is constantly pointing out to us, and we shall never get much further in our educational work until we can straighten out the tangled relationship of the training school and the hospital and get our schools on a sounder financial basis. This is a matter which does

not concern nurses and hospitals alone, it is a matter which primarily concerns the public health and welfare and it is only fair and just that the public should know just what the situation is and should be in a position to help in making the necessary reforms and adjustments.

There have been many indications during the war that the public is beginning to take a very much keener interest in nursing and nursing problems. In the first place the value of the nurse's work has been recognized as never before, and the country has awakened to the fact that this essential form of national service must be definitely provided for, not only in preparation for war but in preparation for peace. Nearly every program for reconstruction, whether in the field of industry, or education, or social work, emphasizes the need for better health work and specifically mentions the need for more nurses and doctors. There is no doubt whatever that we are entering a period of rich opportunity, especially in the newer fields of public health nursing where the preventive and educational function of the nurse are being most stressed.

But this increased recognition of the value of the nurse in the community brings with it greater and greater obligations and responsibilities. Already a good deal more is expected of us than we are able to supply and the result is that we are laying ourselves open to serious criticism, which is now beginning to be of a rather open and specific kind. It comes chiefly from a few leaders in the educational, social and public health fields, but we find it also among other classes of people. If we are going to put our work on a firmer basis for the future, we shall have to see just what there is of truth in these criticisms, and if necessary, make definite efforts to correct conditions that are responsible for them.

(To be continued)

THE RED CROSS

IN CHARGE OF

JANO A. DELANO, R.N.

Director, Department of Nursing

IN MEMORIAM

MRS. FREDERICK W. TICE

Among the first to help organize and to serve on the National Committee on Red Cross Nursing Service, giving freely of her time, her ability, and her strength, Mrs. Frederick W. Tice has been a pioneer in building up the organization and the ideals of the Nursing Service of the American Red Cross. During the years of the development of the Red Cross, Mrs. Tice was always eager to answer any call from Red Cross Headquarters, and often at great personal sacrifice to herself, came to Washington several times a year to advise and direct the development of the service.

When the demands of war became overwhelming, Mrs. Tice was among the first to respond for definite and active service. As supervisor of the Department of Instruction for Women, she has trained thousands of women for effective work in Home Hygiene and Care of the Sick, Home Dietetics, and Invalid Occupation, and her efforts were amply justified when the Surgeon General of the Army called into military service large groups of women trained under her supervision. It is probable that, had the war continued, her courses in reconstruction work would have been placed on a permanent basis and used as one of the centers of preparation for this work by the Surgeon General.

In all her relations, Mrs. Tice embodies the spirit of the Red Cross, and in her death on October 22, 1918, which occurred after a three days' illness, the Nursing Service has suffered an inestimable loss. Her influence, however, which has guided the service so long, will be felt through all the years to come.

One of the saddest phases of the work at National Headquarters has been to receive the names of nurses who have died in the service of their country. Out of the 25,000 nurses assigned through the Red Cross for active military duty, although the reports are not yet complete, there are 101 gold stars to-day upon the service flag of the Department of Nursing. Now with the coming of peace, there remains the high privilege of a tribute to those who, side by side with the men of the nation's hosts of battle, have given their lives in the fight for human freedom.

In the first days of America's part in the great war, two nurses, killed on shipboard by the explosion of a defective shell, set the initial seal upon the declaration of our country's purpose. Since then, sickness, accident, and the actual storm of conflict have claimed a constantly increasing number from our ranks.

That war should reach behind its blazing lines and touch with swift death those whose only ministry was mercy, is but a part of the world's tragedy of terror. It is enough to say that where men dared and died, women stood as bravely, dared as supremely, and died as heroically. In the nation's roll of honor, their names stand written in the imperishable letters that tell of duty nobly done. And in the happier days that lie in the world's future, when history shall tell of the deeds that won for mankind righteousness, and justice, and peace, there shall be no loftier syllables than those which tell of the devotion of American womanhood that shone resplendent in the courage, even unto death, of the nurses of the Red Cross.

"After life's fitful fever, they sleep well."—T. E. G.

MOBILIZING FOR PEACE

With every week bringing two and three transports to dock, each with its thousands of returning troops, the country is again mobilizing for a new battle—the realization of our ideals of peace. For the nursing profession, this will be as clear a call for service as was the declaration on April 6, 1917, which plunged this country into war, and which has placed approximately 25,000 graduate nurses in active military duty, during the past eighteen months. Through their example, the people of the world have learned to value and respect the training, the discipline, the skill, and the high standards of the profession of nursing, and the time seems ripe to launch a new endeavor, in which also nurses will play a major part.

With the release of large numbers of nurses from military service, it will be possible to take up again the nursing activities which have been more or less interrupted by the insistent needs of war. First on the peace program of the Red Cross will be the further development of our public health nursing, and also of our courses in Home Hygiene and Care of the Sick, and Home Dietetics, so that the women of the country may be better prepared to maintain the health of their families, and to care for minor illnesses in localities where graduate nurses are not available.

The epidemic of influenza has proved as never before the absolute necessity for a greater self-reliance, and for a more intelligent conception of the principles of hygiene, sanitation, and general pub-

lic health needs, on the part of the women of the country. Another strong argument for the extension of this work has been brought out by the rejections on account of physical defects in the Army draft. While complete statistics are not yet available, it is well known that a very high proportion of men were disqualified because of dental and other defects which might have been remedied had the inspection of school children been a recognized policy of the nation some years ago.

With the return to civilian communities of about 20,000 graduate nurses released from military service, we hope to extend greatly our Town and Country Nursing Service, and to interest nurses in public health nursing and other forms of community service, in order that skilled professional nursing may be available even to the people living in remote and isolated parts of the United States. We believe that the experience of the nurses in France, and in our cantonment hospitals, as well, will have brought to them the realization of the broader opportunities for service awaiting them now, and that the experience in public health nursing and relief work which many of them have had in European countries will especially qualify them for this service. It is hoped therefore that many nurses about to be released from military duty may be directed into public health and educational work, thus serving the community rather than the individual, until a high order of nation-wide public health is established.

To accomplish this end, active and vigorous coöperation, both from the nurses of the country and the chapter organization of the Red Cross is imperative. It is planned that each chapter will have a Committee on Nursing Activities, composed of representatives of local nursing, public health, educational, medical, and civic relief organizations in the community. This committee will be responsible for the development of Red Cross courses of instruction authorized by the Department of Nursing, and will also be responsible for nursing activities organized in the community. The work of passing on the professional qualifications of nurses will remain, as always, with the Local Committee on Red Cross Nursing Service, which will be represented on the Chapter Committee on Nursing Activities.

It is hoped that through the organization of chapter committees, branches may be formed for the conservation of available nursing resources in each community, this to be accomplished through the prevention of the unnecessary use of graduate nurses; through interesting young women to enter training schools for nurses, and especially through the extension of the visiting nurse system.

As the first step in working out these plans, the Department of Nursing has secured the appointment of a public health nurse who will act as the Director of the Bureau of Public Health Nursing in

each Division Office. Mary Cole, a graduate of the Massachusetts General Hospital, Boston, Mass., formerly the superintendent of the Visiting Nurses' Association of Santa Barbara, Cal., has been appointed to represent the Pacific Division. Emma Grittinger, Seattle, Washington, a graduate of the Presbyterian Hospital, Philadelphia, for some time superintendent of the Visiting Nurses' Association of Portland, Oregon, and for the past months Field Secretary for the Nursing Service of the Red Cross in this Division, will represent Washington, Oregon, and Idaho. Olive Chapman of Denver, Colorado, a graduate of the New York Post-Graduate Training School, a Director of the National Organization of Public Health Nursing, and State Nurse for the Women's Committee of the Colorado State Council of National Defense, will serve as the representative of the Mountain Division. Ethel Parsons, a graduate of Grant Hospital, Columbus, Ohio, who has also had postgraduate work at the Department of Nursing and Health of Teachers College, New York, a Director of the National Organization of Public Health Nursing, and a member of the National Committee on Red Cross Nursing Service, will represent the Southwestern Division. Miss Parsons has also served for some time as the Chief Nurse of the Sanitary Zone, San Antonio, Texas. Grace Engblad, a graduate of the John Sealy Training School, Galveston, Texas, a postgraduate student of Bellevue Hospital, New York City, who has also served as Chief Nurse in the sanitary zones in the Gulf Division, will represent this district. Matilda Johnson, of Washington, D. C., who has been acting as Traveling Supervisor of the Bureau of Public Health Nursing of the Red Cross Department of Nursing, will represent the Potomac Division. It is hoped that within a short time other appointments will be made. The Director of Nursing in the New England Division, Elizabeth Ross, a graduate of the Newton Hospital Training School for Nurses, Newton, Mass.; the Director of Nursing of the Central Division, Minnie H. Ahrens, a graduate of the Illinois Training School for Nurses, and of Teachers College, New York, who has also been Superintendent of the Infant Welfare Society, Chicago; and the Director of the Southern Division, Jane Van de Vrede, a graduate of the Wauwatosa County Hospital, Milwaukee, Wis., all of whom are experienced public health nurses, will take over the responsibility for this work in their divisions, appointing assistants to aid in the office routine.

While this educational and public health program is occupying the foreground at the present time, the Red Cross is not unmindful of the fact that there are many women who have had training as hospital administrators and executives whose work has been interrupted greatly by war service. In order that the nurses released from

military duty may be informed of the opportunities awaiting them along these lines as well as in the further development of public health nursing, the Red Cross has decided to open a Bureau of Information at 44 East 23rd Street, New York City. The three national organizations of nurses have been requested to coöperate, and have been asked to place a representative in the office to aid and advise the nurses in regard to their return to civilian life. It will be the duty of this bureau to collect all possible information concerning available positions, and to place before the nurses released from military duty, the opportunities offered in various parts of the country. As the nurses returning from Europe will probably come in through the New York port of debarkation, it will be possible for them to visit personally this Bureau of Information. In order that nurses in cantonment hospitals may also share in these opportunities, arrangements will be made for them to report on their release from service to the Division Offices. The Division Director of Nursing will be in communication with the New York office, and will undertake to keep on file in the Division the positions available within her own locality. While it will, of course, be impossible for the Red Cross to re-assign all nurses advantageously in civilian life, it will be glad to act as a clearing-house, to make every effort possible to have information on file regarding positions, and to place all such information at the disposal of the nurses.

Since August, 1914, the Department of Nursing of the American Red Cross has been on an actual war basis. We have found our reward in the fact that at all times we have been able to meet the demands of the Army and the Navy, of the United States Public Health Service and the Red Cross. We have assigned to duty during the last eighteen months over 20,000 graduate nurses. When the epidemic of influenza came, although the nursing resources of the country had been greatly depleted by the demands for military service, we secured and assigned to duty during the three or four weeks of its duration, over 15,000 nursing personnel,—approximately one-fourth of whom were graduate nurses.

When the armistice was signed, we had met successfully all the demands made upon us, and had approximately five hundred nurses available for service during the month of November, and at least an equal number during the month of December. The Surgeon General of the Army has recently stated that if there has ever been a shortage of nurses, it was due to the question of quarters and transportation, but never to the failure of the Red Cross to meet their demands.

"The group of women now serving in the Army Nurse Corps," reads a letter from Surgeon General Ireland, "is, I believe, one of the

largest organized groups of professional women in the world, and it is chiefly due to your organization that this has been made possible. The services of the nurses have been efficient to the highest degree, and their work, both in this country and abroad, has been very highly commended."

At the urgent request of the Division Directors of Nursing, Agnes G. Deans, who has been at National Headquarters for the past fifteen months, at the first of the year will make a tour of inspection through the various Divisions.

Now, for the first time in four years, it seems possible for the Director of the Department of Nursing to leave Washington, and she is sure that the nurses of the country will be interested in knowing that she plans to sail for France the latter part of December. Miss Delano feels that she will be of far more service to the Red Cross in the future, if she sees something of the conditions under which the nurses have worked so heroically during the past two years.

American Red Cross nurses in Palestine do everything from sewing and house-cleaning to conducting a traveling dispensary. When an American Red Cross nurse was appointed to take charge of the Government hospital there everything seemed to be in the hands, she said. Disorder and filth were everywhere in this Jerusalem building which used to be the Turkish Municipal Hospital, and house-cleaning was started at once. Every corner was packed full of rubbish mixed with a few useful things that had to be sorted out. In Ramleh a medical unit is working in an olive grove back of an old pile of stone called the Crusader's Tower. The hospital there is on a roof with a number of rooms around the outer edge. These small rooms are used for patients, nurses, operating room, kitchen, laundry and store room. This little hospital had fifteen beds.

Dispensaries in Jerusalem are growing rapidly. They draw their patients from the city and also from outlying villages. The people bring their sick to the doors of the dispensary and lay them there. One man dying of tuberculosis was found lying there in complete exhaustion. He had walked four miles, he said, because he had heard that there was a great healer who would cure him, but it was too late.

✕ One hospital had to turn a contented donkey out of his stall to find space for a store-room. Another hospital had no clock in it, still another had ancient laundry facilities, but gradually all this is being eliminated and modern hospital equipment substituted.

Besides the American Red Cross hospitals at Jerusalem, Ramleh and Jaffa, American Red Cross nurses have been doing public health work in Palestine. They visited deserted convents and other buildings where refugees had taken shelter. Ten centres are visited regularly by this traveling dispensary.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE DEATH OF MISS HUBRECHT

It has been a severe shock and a real sorrow to all her old friends to learn of the death of Miss J. C. Van Lanschot Hubrecht of Holland.

Miss Hubrecht has been a leading figure for a number of years, not only in the nursing profession of which she was a member, but also in the wider woman's movement, where she has taken an earnest part. A woman of unusually broad and progressive views, her heart was set on the advancement of women, and her sympathies were only bounded by humanity. The chapter on Holland in the History of Nursing, which she helped to prepare, will tell what her life work was, for the higher education and state recognition of nurses. For several years she had devoted herself largely to the Woman Suffrage movement and had helped to edit *Jus. Suffragii*, the international journal.

Miss Hubrecht had intended coming to the United States after the war to work in our libraries over material which she had collected to write up into a history of nursing in Holland, but her brave spirit has been ill matched with a delicate physique. When we last saw her in Holland she was very ill with a chronic ailment.

We send to our Dutch sisters our sincere sympathy and loving recollections.

RECONSTRUCTION IN THE NURSING PROFESSION IN ENGLAND

Miss E. L. C. Eden, Honorary Adviser to the National Union of Trained Nurses, writes:

So much interest is being shown in the problems connected with the rebuilding of the nation that I feel sure this is not an inappropriate moment to draw your attention to an important movement in the organization of the nursing profession, which has been developing for a number of years. The essence of the movement makes it unostentatious and unclamorous for assistance, but that very fact will enlist the sympathy of those who believe in sound organization and self-respecting effort.

I need say nothing in these days about the immense importance to the community of the nursing profession and I merely allude to it in order to show that this being so, it is also a matter of real interest to the public that nurses should be organized on right lines. As stated in a recent publication, "All the proposals which are connected with the reorganization of public health must, for their efficient treatment, depend greatly upon the work of nurses."

An upward turning point comes in the history of a profession when its members realize that the responsibility for its development rests on their own

shoulders. Those who have studied the history of the medical profession know what a great influence for good was brought to bear when the rank and file of medical men banded themselves together into the British Medical Association. The keynote of such an organization is that the responsibility for a profession shall be shouldered by the profession itself, self-respect, self-government, self-development, self-support. The National Union of Trained Nurses has been quietly developing on these lines and is the only self-governing national society of nurses, for nurses, in Great Britain. It has had for a number of years a system of branch organizations, providing for post-graduate lectures, opportunities for discussion and practical demonstration. It assists its members with free legal and professional advice. It upholds the interests of nurses in Parliament and on public bodies. It runs an employment bureau for nurses for nurses which and on public bodies. It runs an employment bureau for nurses which has proved to be of great value. Many nurses, members and non-members, have expressed their great appreciation of the friendly welcome and expert advice they receive at the Central Office, 46 Marsham Street, Westminster, London.

The Society has a carefully-thought-out democratic constitution and is managed entirely by members of the profession on the system of local representation on a central body. It is run on practical business lines for the benefit of nurses, but it has from the beginning always borne the good of the country in mind, thus avoiding one of the great pitfalls of similar organizations, a narrow professionalism.

The National Union of Trained Nurses is affiliated to the Royal British Nurses' Association, which is the only society of women possessing a Royal Charter, with the powers that result therefrom, and to the International Council of Nurses, which brings it into touch with nurses throughout the world.

The members of the public who understand the importance of professional development will be glad to realize the existence of so soundly organized a society for nurses and will doubtless give it their support, and nurses should join in large numbers to give it the strength necessary to carry out its reason for existence. The body which will administer the affairs connected with state registration must necessarily be one representing all nursing interests, both lay and professional, and a bill safeguarding this is ready to lay before Parliament. It is of the utmost importance that there should be a strong society such as the National Union of Trained Nurses, representing trained professional opinion, in existence, both whilst the bill is being considered and after the act comes into force, in order that the beneficent effect of a wide range of free opinion may be brought to bear on all matters affecting the profession.

All information can be procured from the Secretary, 46 Marsham Street, Westminster, S. W. I.

THE ESTABLISHMENT OF THE FIRST TRAINING SCHOOL FOR NURSES IN HAITI

The first training school for nurses in the Republic of Haiti was established under the direction and control of the Public Health Service, which Service was provided for in the treaty of September, 1915, between the United States and Haiti. In December, 1916, Surgeon N. T. McLean, U. S. Navy, was appointed Sanitary Engineer of Haiti and plans for the organization of this service were begun.

The school was opened October 15, 1918, with an enrollment of

twenty-four pupils and with a waiting list of fifteen more who are eligible. The lines of instruction follow as nearly as possible the lines of standard American schools, with such changes as were necessary to meet local conditions. All instruction is given in French, that being the national language. The usual instruction will be given in medical and surgical nursing, operating-room technic, dietetics, children's diseases, and a special course of study of nursing in tropical diseases. At the completion of the course of two years a diploma will be given.

The practical experience will be obtained in the wards of the City General Hospital, which has a daily general average of more than 300 patients. There will also be instruction in social service in connection with an out-patient dispensary located in one of the poorer sections of the city.

THE CONTROL OF CANCER

The main facts regarding cancer are well known to medical men. It is a disease without a specific remedy. It is neither contagious nor hereditary but selects its victims in an apparently lawless and erratic manner but following an indefinite law by which the most civilized races are the most liable to its ravages and if we can rely upon mortality statistics it is increasing at an alarming rate in all civilized countries.

Of course there are some tumors that begin in the internal organs and run their inexorable course with nothing to be done but to accept the inevitable. These cases are in the minority but speaking generally there is a precancerous stage to all cancers, a stage in which the growth is something else before it becomes a cancer and in this stage it is amenable to simple treatment or eradication.

The same principle holds elsewhere. In the uterus we usually have the history of an irritation from an old laceration manifest by a leucorrhoea or an abnormal flow at or after the menopause. In the stomach cancer is preceded by a period of chronic indigestion that possibly could be cured if taken in time. And in the breast there is the lump which has perhaps been there a long time, painless and apparently harmless, but which increases almost imperceptibly until the full-grown cancer is formed.

In all these cases there are warnings of approaching trouble if rightly understood. Unfortunately the warning is not pain. If it were there would be no great cancer problem, but warnings there are and clear and definite enough if they are but heeded.

Statistics from the large hospitals show that the average time from the discovery of the cancer by the patient until competent advice is sought is one year with men greater offenders than women and this seems to hold in other countries besides our own.

With our present cancer situation it would seem theoretically that the control of cancer might be a simple affair. We have but to eliminate the year of waiting after the cancer is discovered and heed the early warning.—By George R. White, M.D., F.A.C.S.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

THE EIGHT-HOUR DAY FOR THE THREE HUNDRED-BED HOSPITAL

BY ALICE SHEPARD GILMAN, R.N.

Rochester, N. Y.

That nursing has become a profession is a firmly established fact, and with such a status, it must needs consider some of the problems due to the traditions of nursing history, such as the twelve-hour day in schools of nursing, which are not entirely in keeping with the obligations of a profession. The problem which I am about to discuss is how to introduce an eight-hour day into our schools.

There is to my mind no argument against the eight-hour day, if it can be adjusted in such a manner as not to cause discomfort to the patient and a large expense to the hospital in the form of a greatly increased personnel. We have learned through the recent experiments of efficiency experts and also through our improved system of organization, that shorter hours increase the amount of work and improve its quality. There is no reason to suppose that the amount of staying power is greater in the individual in the nursing profession than in any other sort of work which calls for an equal amount of mental application, plus supreme, physical effort.

There is no university on earth that taxes its students, both mentally and physically, as does the modern school of nursing, with continual application from seven in the morning until seven at night, with two hours off duty during the day. These must be spent in the class room or in preparing lessons for the next day. No college expects its students to attend more than five classes each day, and usually but four; time is allowed, also, for recreation, out-door exercise and rest.

The hospital must realize, first of all, that if it maintains a school of nursing, it must assume the responsibility that any teaching center does, which houses an educational institution. Unless that is a firmly understood fact in the minds of the members of hospital boards, they will not be able to see the necessity of adjusting conditions to meet the demands which scientific expansion is fast forcing upon us.

The modern school of nursing has created a curriculum which enables the graduate to meet the demands which science and society are putting forth in all branches of the service. This curriculum is not acquired or assimilated over night, but represents hours of study and constant application in a practical form, not for six months, but for three years, and three hundred and sixty-five days of each year,

with the exception of two weeks of vacation. The hospital is not like the ordinary college which closes its doors at sundown, but must be kept at the same height of efficiency for twenty-four hours of the day. Nurses are always on duty, an unnatural existence, trying even to those who have had long experience and adjustment to night duty, to say nothing of the young nurse who is absolutely unaccustomed to her surroundings and the trying circumstances which her training entails.

It is not even human to expect these young women to remain on duty for twelve hours at night with no relief and often with a cold supper when, during the day, we feel we must make an effort to allow two hours off duty. It seems to me that if any one should have relief it is the night nurse, and she has never been considered. Some schools have arranged an eight-hour day with no thought of the hours at night. It is undoubtedly a very good beginning but far from an ideal, as it is only taking care of half the situation.

The following schedule is at present in operation in a three hundred-bed hospital:

<i>Time Slip</i>		
Ward_____	Date_____	
Head Nurse, Miss S_____	No. patients, 28	
Nurses.	Hours on Duty.	Class Hours.
Miss Smith	7 to 9 and 12.30 to 7	4 to 5
Miss Clark	7 to 10 and 12.30 to 4 and 5 to 7	4 to 5
Miss Gray	7 to 2 and 5.30 to 7	3 to 5
Miss Green	7 to 12.30 and 4 to 7	
Miss Black	7 to 10 and 1.30 to 7	
Miss Brown	7 to 3	
Night Nurse, Miss Jones,	7 to 7	

This schedule allows three hours off duty and one-half hour for each meal, which equals an eight-hour day. Once each week every nurse has one free period from 3 to 7, or four hours, and on Sunday four hours are given off-duty instead of three, thus making the 54-hour week for day nurses, as beside an 84-hour week for night nurses.

An adjustment of this plan can very easily be made in the following manner. This hospital has a daily average of 250 patients and a school of 125 students, or one student to every two patients. The special departments, as operating rooms, out-patient department, and social service, together with the diet kitchen, decreases the number of nurses for the ward to a ratio of about one to three for private patients, and one to four or one to five for ward patients. Thus a ward of twenty-eight patients carries six nurses during the day and

one nurse at night unless there are many very ill, then a second nurse goes on. The wards, by an adjustment of time, can decrease the hours for night nurses to eight, with practically no difficulty, by having one of the regular nurses come on at 2.30 in the afternoon, remaining until 11 at night, when the regular night nurse would come on from 11 to 7. If class comes in the afternoon for this nurse, she could come on one hour earlier. On the private floors it would be necessary to add one nurse, having five instead of four for every fourteen patients, and working out the same time adjustment otherwise.

The question of suppers will be brought forward at this point, but by serving the midnight meal at 10.30 it is possible to have a well-cooked hot supper served in the dining room before the nurses go on duty, in place of the mediaeval basket lunch. This provides for those going off duty without discommoding the ward or the nursing service, at an increased cost of maintaining a night cook.

This adjustment can be carried on through all special departments with no increase in personnel for wards, and on private floors by one nurse to every fourteen rooms.

When hospitals are willing to consider such a plan, we shall cease to hear the wail for student nurses throughout the country because the kind of young women with whom we aspire to fill our schools are not willing to submit to the mediaeval time schedule of twelve-hour duty when every other profession and even the trades are showing greater consideration for conserving human energy than do we.

In an address to the employees of the War Department at Washington, Major William J. Mayo said:

"Cancer is an abnormal growth of tissue within the body. Certain cells in the embryonic stage fail to develop and perform their normal functions, and the multiplication of these useless cells form the tumor. What causes the cells to be checked in their normal development is not yet known, although there are several plausible theories. But the predisposing conditions which lead to this abnormal growth are known, and may be controlled.

"Thus cancer nearly always forms in some lesion upon the body, such as a wart, a mole, a bruised or infected spot. This lesion becomes irritated, and the growth of abnormal cells begins.

"The age of the individual plays an important part in susceptibility to cancer; for the common form of cancer is essentially a disease of later life, when some of the tissues have become weakened.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

ABORTING THE GRIPPE.—Dr. L. Duncan Buckley in a letter to the *Medical Record*, states that he has for many years used phenacetine and bicarbonate of soda in the treatment of influenza with marvelous results. He gives an adult ten grains of phenacetine and twenty grains of bicarbonate of soda every two hours. If commenced when the symptoms first appear, he says it will abort the disease. If there is the least heart depression, a little whiskey is added to the hot water with which the powders are washed down; they are placed dry on the tongue.

PROPHYLAXIS OF MALARIA.—An Italian medical journal recommends the use of petrolatum to prevent mosquitoes from biting the skin. They will not touch a surface smeared with it and the person so treated can sleep tranquilly amid myriads of the insects.

HEAD COVERING AN AID TO SLEEP.—A writer in the *Lancet*, believes that a warm night cap assists in producing sleep. Soldiers have found the knitted helmet most soothing and sleep promoting. Our grandfathers' and grandmothers' night caps were worn because they were found to be an aid to sleep; they not only kept the head warm but shut out external sounds that interfered with repose.

HUMAN ANTHRAX.—*The Journal of the American Medical Association* reports the occurrence of several cases of anthrax in the military camps. The probable transmitter of infection was shaving brushes made from the hair of animals which had died of anthrax. Attempts were made to sterilize all brushes on sale in the camps affected, but the methods tried resulted in the destruction of a large part of the brushes, especially of the cheaper kind which were most to blame.

A SCHOOL FOR ANESTHETISTS.—In a school established at a large military hospital at Buxton, Derbyshire, medical officers are specially trained as anesthetists. The forms of anesthesia include ether on the open mask, warmed ether vapor by special apparatus, nitrous oxid-oxygen, rectal and spinal anesthesia, with some instruction in the use of chloroform, ethyl chloride, and the various methods of using local anesthesia.

NEW TREATMENT OF WAR WOUNDS.—In a Paris letter of the *Medical Record*, mention is made of a new treatment of war wounds, by Dr. Serge Voronoff and Mme. Evelyn Bostwick. They have found

by experimentation that there is a gland in the body which dispenses throughout the system secretions that are stronger than those from the thyroid gland. The gland yielding them is obtained by the castration of young rams. Large and deep wounds spread with a pulp made from these glands, heal with a rapidity never known before. Soldiers see their wounds heal in a few days. That this method is successful is shown by the fact that Dr. Carrel has asked Dr. Voronoff and Mme. Bostwick to use their methods at his hospital at Noisiel.

CALORIES IN EXTRA FOOD.—In an article on the energy content of extra food in the *Boston Medical and Surgical Journal* some interesting statistics are furnished. A bar of sweet chocolate, price now six cents, gives ordinarily 200 to 300 calories; 500 calories is nearly one-third of the basal caloric requirements of the average man. An ice cream soda gives from 202 to 467 calories. Sundaes, or college ices, from 300 to 500 calories. Ginger ale furnishes about 150 calories per pint and grape juice about twice as much. An ice cream cone provides about 100 calories for a nickel.

THE CHILDREN'S YEAR.—Professor Lucas of the University of California is quoted in the *Journal of the American Medical Association* as saying, "What I have seen, not only in France but also in England and in this country since returning, has convinced me that now is the psychologic time to develop and coördinate all our child welfare work in this country. I feel that all the different associations which represent the best medical thought in child welfare should certainly get together on a definite, coördinated program for this country and back up our governmental bureaus dealing with child welfare problems." This year in America has already been proclaimed by President Wilson as the children's year, and it will be a great lost opportunity unless some national program which coördinates all the best efforts both private and governmental is worked out and put on a very sound basis.

CALOMEL FOR PRURITUS ANI.—A Danish medical journal advocates rubbing dry calomel into the parts for relief from pruritus ani, it is effective even when the affection is of long standing. The calomel adheres until the next day, when it is applied dry, and is much superior to the salve form.

SODIUM CITRATE IN PNEUMONIA.—A writer in the *New Orleans Medical and Surgical Journal* advises the use of large doses of sodium citrate, from forty to sixty grains, every two and a half to three hours, day and night, in pneumonia cases until the lung is completely cleared. If the dosage is stopped a relapse occurs. He had treated thirty-six cases with recovery in every instance.

LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

THE FOURTH LIBERTY LOAN AT THE PRESBYTERIAN HOSPITAL

Dear Editor: We of the class of '21, when detailed to engineer the Liberty Loan for the hospital, feared at first, because of the many deterrent factors, the most formidable being the influenza epidemic, that we might not reach the \$25,000 goal we had set, spurred on by the fact that the class above us had raised over \$23,000 on the Third Loan. Assured, however, of the hearty support of the officers of the School of Nursing, we set to work with a will and in an incredibly short space of time found that we were making rapid strides toward our goal. A Liberty Loan rally was planned, and the vivid recital of experiences overseas by Miss Maxwell and Madeline Jaffray, the first nurse to return to this country wearing the Croix de Guerre, resulted in our garnering a goodly harvest. At a Liberty Loan meeting of our class, a class bond for \$100 was bought and this, with another bond for the same amount to which the whole school subscribed, was presented to the Alumnae for the Pension Fund. \$24,450 was our total the night before the closing day of the drive, but we were confident of reaching our goal, for the morning would bring that magic day,—pay day. And, truly, it proved all of that. Our scouts assiduously shadowed the paymaster, and rich were the findings of those who camped on his trail, for with a last mighty impetus they sent our drive hurtling over the top. We could scarcely believe it when we saw the Presbyterian Hospital total; it fairly danced before our eyes,—\$32,100!

MARGUERITE A. WALES,
President of the Class of '21.

New York

LETTERS FROM NURSES IN SERVICE

Dear Editor: When we arrived, last November, we were the first American hospital to come to this place, consequently we had some hardships which will not probably be experienced by nurses coming over in the future. Strictly speaking we cannot say that we really suffered. The worst feature was the lack of heat in our houses and hospitals. We were cold, as this is a place ideal in summer, but in no way prepared for winter residents except for the few inhabitants who live here all the year. Five big summer hotels were assigned to us for our hospitals, these being entirely separate and scattered over an area of about five city blocks. Three of these had been used as hospitals by the French, who made a hurried departure on our arrival. Our nurses were given quarters in two villas and one hotel. The latter place was rather uncomfortable at first as it took about six weeks to get the proprietor to leave. We were greatly pleased when the Government took over the place and discontinued the bar-room, which Madame had been conducting. Up to this time we had been messing with the French, but now the quartermaster's supplies were coming in, so we established our own meals with white bread and plenty of good nourishing food which so far has not been lacking. We have always employed French women in our mess, a nurse being in charge, as we have no dietitian in this unit. Our food has been good, quite as good as we have at home, with many extra delicacies at times. The variety of meat has not been great, but as most of us care less for meat

than for other articles of diet, there has been no complaint. Our dining room is large, well lighted, and we have real table-cloths and napkins, thanks to the Red Cross. We were supplied with dishes purchased from one of the hotels, and as we brought our own silver with us, we have felt no lack of ordinary comforts. Upon the arrival of our Y. W. C. A. worker, Marian Porter, the former bar-room was converted into a club-room for the nurses of the two units, our own and those of the Buffalo unit which arrived here about Christmas time. For the first three weeks after our arrival the nurses did what they could to get the hospital buildings in order, this being slow work owing to the delayed arrival of our supplies. The second week in December, we were hastily notified to be ready for three hundred patients. There was very little more than beds in the hospitals, but the patients came and we took care of them. I really think this was the best thing that could have happened to us, as we were getting disagreeable and discontented with too much time to think of our discomforts and to indulge in homesickness. Our patients came from near-by camps and were mostly medical cases,—mumps, scarlet fever, meningitis, and pneumonia being the principal ailments. And what a homesick lot of boys they were and how they brightened when they got here and found real home folks to care for them! They told the nurses it seemed like heaven compared to the conditions from which they had come. This was good tonic for us and from that time on there has been little talk of hardship. Stoves appeared shortly and were set up wherever we needed them most. In rooms where there were no chimneys, the stove pipes were put through the windows. All the work of sterilizing and boiling in the operating rooms has been done on stoves. This has been often difficult, as the coal is of an inferior grade, and frequently the draft has been poor. A pathetic sight was a nurse trying to toast bread over a tiny stove which was smoking furiously. She was doing her best to serve a sick patient with "light diet." I cannot but feel that there will be, in the future life, a special reward for those nurses who served trays in these hospitals the first two months of our work here. It seemed best to have straight eight-hour duty at first, the division being 8 a. m. to 4 p. m., 4 p. m. to midnight, and from midnight to 8 a. m. This worked very well until the time when more of the buildings were opened. We then changed to ten hours for the night nurses, the hours being from 10 p. m. to 8 a. m., with divided time for the day nurses. All day nurses came on at 8 a. m.; one nurse went off at 10 a. m., returning at 4 p. m. and remaining till the night nurse came on. This was also satisfactory until we began to fill our hospitals at the time of the "big drive," when we had to increase the hours of the day nurses. Then came a very busy time and everybody worked at least twelve hours and frequently fourteen and sixteen. We did not count hours at one time, as the number of patients increased in three days from four hundred to over twenty-three hundred. Many of the doctors, nurses, and enlisted men worked for forty straight hours at this time, and since, as it is necessary to give immediate attention to these cases, as delay in a dressing or an operation would mean the loss of life. On admittance each patient is bathed, the nurses giving the baths to the more severely wounded who cannot go into the tub or under the shower. If the following expression was heard once, it was heard several hundred times. "Oh, nurse, this bath is worth a million dollars." After the bath the patient is fed, his wounds are dressed, and if necessary he is operated upon at once. During the last month our hospital has been made an evacuation hospital, which means constant admission and discharge of patients, the only ones retained here being those too badly wounded to be moved and those who will return immediately to duty. Besides our American boys, we have had French, British, and German

wounded. We have had also a generous sprinkling of Singalese, African, and Algerian soldiers. These men have always shown gratitude for their care, expressed perhaps in different fashion from the American way, but always as heartily and as appreciatively. I must say that the nurses have come in for the lion's share of this praise. To the Americans the very thought of being where they could talk with an American woman has meant an infinite amount of comfort and encouragement. For after all they are like children and respond to the "mother instinct" which is in the heart of every true nurse. We are not always busy, as our patients come and go, usually in large groups. During the lull we clean up the hospitals and make supplies, getting ready for the next convoy. The nurses take as much time off as possible, resting, recreating, and gaining strength for the next rush. The nurses are not assigned to one place or to one kind of duty, but are rotated as seems best for the service and for them. Each does her share of night duty and there is ample chance for those who are fitted, to do head-nurse and operating-room duty. A change of duty, we find, is sometimes as good as a vacation. During the times when we have had few patients we have had dances and card parties. Tea is served to the officers and nurses every day at the Y. W. C. A. and many a happy afternoon has been spent there listening to the tales told by the officer-patients who greatly enjoy this form of recreation. During the winter and spring the nurses took long walks through the surrounding country, visiting the small villages which nestle in the valleys of this hilly country. From the top of one hill near us we can see five of these tiny hamlets, their red roofs showing most picturesquely against the green of the trees and fields. The women of these villages are noted for their laces and embroideries and when we first came many bargains were picked up by the nurses. The day for bargains, however, is gone and now, wherever we are known to be Americans, the prices go up and we have to look for places where we are not known. All the spring and summer this place has been a garden, full of beautiful flowers, both wild and cultivated. I shall never forget the wonderful bunches of lilies-of-the-valley and forget-me-nots which we gathered in the spring, then the rose garden in the park which blossomed all the summer, and the trees which are always beautiful with their mossy green trunks and thick foliage. There are tennis courts and golf links which have been open for the use of the hospital personnel. These have been much used when our duties permitted. I cannot understand why any nurse whose circumstances permit, would hesitate to come "over here." It seems to us a wonderful privilege and a priceless experience. There has been no hardship which has not had ample recompense in the gratitude of these men for whom we have cared. This is the time for the trained nurse to demonstrate her usefulness and ability as never before and those who do not join in this work will always regret it. The greatest recompense is the feeling that we are needed and that we are capably filling this need.

France

B. K. H.

NURSING NEWS AND ANNOUNCEMENTS

REPORT OF NURSES' RELIEF FUND, NOVEMBER, 1918

Receipts

Previously acknowledged	\$2,606.41
Interest on bonds	65.00
Kings County Hospital Alumnae Association, Brooklyn, N. Y.....	10.00
Annette B. Cowles, St. Louis, Mo.	1.00
St. Luke's Training School Alumnae Association, Chicago, Ill.....	50.00
Mary M. Fahey, Denver, Colo.	5.00
Eva Mitchell, Denver, Colo.	1.00
Mrs. W. H. Upton, Denver, Colo.	1.00
Antoinette C. Lanfare, New Haven, Conn.	5.05
Hatkensack Hospital Alumnae Association, N. J.	10.00
Marie S. Brown, Bethlehem, Pa.	2.00
Alumnae Association of the Philadelphia General Hospital Training School for Nurses	125.00
Individual members Staten Island Hospital Alumnae Association, \$1 each,—Misses A. King, M. Bender, E. Carmichel, J. Paterson, M. Young, E. Berry, Norton, Rose, Stensland, Wals, Hall, Olsen.....	12.00
Interest on Liberty Loan Bonds	40.00
	\$2,933.46

Disbursements

Application approved, No. 1, 46th payment.....	\$10.00
Application approved, No. 2, 35th payment.....	5.00
Application approved, No. 5, 22nd payment.....	20.00
Application approved, No. 6, 31st payment.....	15.00
Application approved, No. 7, 25th payment.....	15.00
Application approved, No. 11, 22nd payment.....	20.00
Application approved, No. 13, 11th payment.....	15.00
Application approved, No. 14, 9th payment.....	15.00
Application approved, No. 15, 5th payment.....	15.00
Application approved, No. 16, 2nd payment.....	20.00
Exchange on cheques10 150.10
	\$ 2,783.26
13 Bonds, par value	13,000.00
2 Certificates of stock	2,000.00
6 Liberty Bonds	6,000.00
	\$23,783.26

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York City.

(Mrs. C. V.)

M. LOUISE TWISS, Treasurer.

WORK OF THE COMMITTEE ON NURSING

During the month ending October 15, 3342 students have been assigned to civilian schools. The total enrollment in the Student Nurse Reserve is 13,113, of which 4291 candidates have been referred to the Army School of Nursing. A letter was sent to superintendents of nurses in 1579 accredited schools asking if they would be willing to affiliate with the Army School of Nursing. 490 replies were received, 151 expressing their willingness to affiliate. 169 wished further information. The present office of the Committee is in the Food Administration Annex, 19th and D Streets, N. W., Washington.

NAVY NURSE CORPS (REGULAR)

Appointments.—Pearl Boggs, San Diego, Cal., St. Luke's Hospital, Denver; Sophia E. Deaterla, Roanoke, Va., Mt. Carmel Hospital, Columbus, Ohio; Josephine Knight, Buffalo General Hospital, Buffalo, N. Y.

Transferred from Naval Reserve Force to Navy Nurse Corps.—Matilda Hume, Blanche Kennedy, Caroline W. Spofford.

Transferred from Reserve U. S. N., to Navy Nurse Corps.—Ruth M. Anderson, Florence E. Hegberg.

Assignments.—Mary V. Hamlin to Naval Dispensary, Washington, D. C.; Chief Nurse Mary H. du Bose, over-seas; Frances L. Winkler, Chief Nurse, and Carrie H. Lappin, Assistant Chief Nurse, Paris Island, S. C.; Florence Magee to Mare Island, Cal.; Mary T. O'Connell, Acting Chief Nurse, to Fleet Supply Base, New York; Josephine Knight to Washington, D. C.; Ada M. Pendleton, Chief Nurse, and Katherine M. Gallagher to Depot of Supplies, Marine Corps, Philadelphia, Pa.; Sophia E. Deaterla to Charleston, S. C.; Florence H. Gilmore to Canacao, P. I.; Addra Webber to San Diego, Cal.; Emily J. Cunningham and Lydia B. Ranson to St. Thomas, V. I.; Margaret J. Hickey to Philadelphia, Pa.; Marie Joyner to Dispensary, Navy Yard, Philadelphia, Pa.; Inez L. Donaldson, Acting Chief Nurse, Naval Dispensary, Navy Yard, Philadelphia; Virginia A. Rau to Norfolk, Va.; Kathryn C. Doering to Naval Dispensary, Navy Yard, Philadelphia, Pa.; Hazel D. Hamlin to Cable Censor Office, New York, N. Y.; Chief Nurse Isabella F. Erskine to Naval Dispensary, Navy Yard, New York, N. Y.; Emma L. Spatcher to Washington, D. C.; Eleanor Gallaher, Acting Chief Nurse, to duty "Navy Sick," Georgetown University Hospital, Washington, D. C.; Louise A. Bennett, Mary McC. Barron and Anne M. V. Hootor, Acting Chief Nurse, to Isolation Hospital, Los Angeles, Cal.

Promotions.—To Chief Nurse, Isabella F. Erskine, Frances Winkler. To Acting Chief Nurse, Mary T. O'Connell, Eleanor Gallaher, Inez Donaldson, Anne M. V. Hootor. To Assistant Chief Nurse, Carrie Lappin, Mary V. Hamlin.

Resigned.—Caroline Abplanalp.

Honorable Discharge.—Frances McDonald, Margaret O'Brien.

Appointment Revoked.—Beatrice McClung.

NURSES—U. S. NAVAL RESERVE FORCE

Assignments.—U. S. Naval Hospital, Brooklyn, N. Y.: Mary G. Lineham, Kate P. Kenney from Hartford, Conn.; Florence H. Biehl, Gladys T. Fachner from New York; Esther Mae Williams from Pittsburg, Pa.; Ruby Mae Smith from Wilkinsburg, Pa. U. S. Naval Dispensary, Charleston, S. C.: Pauline Huck, Nellie J. DeWitt, members of Stanford, Conn., Detachment. U. S. Naval Hospital, Chelsea, Mass.: Josephine Corbett from Sheldonville, Mass. U. S. Naval Hospital, Great Lakes, Ill.: Mary L. Matheny, member of Base Hospital No. 6;

Sophia J. Thompson, member of Station Unit No. 13; Clara Rice from Waterloo, Ia. *U. S. Naval Hospital, Gulport, Miss.*: E. Lessie Deshotels, Emma Vollert, members of Base Hospital No. 7. *U. S. Naval Hospital, Mars Island, Cal.*: Lorena J. Bergevin, Mary Mahar, Annette Lorer, Katherine Lawrence, members of Base Hospital No. 6. *U. S. Naval Hospital, Pelham Bay Park, N. Y.*: Anna Gray, Elsie Drouillard from Toledo, Ohio. *U. S. Naval Hospital, Philadelphia, Pa.*: Maude S. Walbridge from New York; Harriet W. Stevenson from Philadelphia, Pa. *U. S. Naval Hospital, Portsmouth, N. H.*: Anna Francis Phelan from Portsmouth, N. H. *U. S. Naval Hospital, San Diego, Cal.*: Blanche Goodenough, Sophie E. Dick, Margaret E. Taylor, members of Base Hospital No. 6. *U. S. Naval Hospital, Washington, D. C.*: Martha Jean Kessler from Washington, D. C.

Transfers.—*U. S. Naval Hospital, Charleston, S. C.*: Jane Constance Thorpe. *U. S. Naval Hospital, League Island, Pa.*: Hulda Anderson. *U. S. Naval Hospital, Newport, R. I.*: Marie A. Hertz. *Georgetown University Hospital (Navy Sick), Washington, D. C.*: Irene Roberson.

Disenrolled.—Ida Kammuller, Mabel M. Morgan, M. Lillian Turner, Evelyn M. Stuart, Mary K. Engessor, Harriet J. McChesney, Josephine Poole, Ella Costello, Ruth J. Myhre.

Transferred to Navy Nurse Corps (Regular).—Caroline V. Spofford, Florence E. Hegberg, Mathilda Hume, Blanche Kennedy.

Inactive Status.—Ada C. McGrath, Virginia Montgomery.

RESERVE NURSES, U. S. N.

Transfers.—*U. S. Naval Hospital, League Island, Pa.*: Gladys L. Barrett. *U. S. Naval Dispensary, Navy Yard, N. Y.*: Frances Korous, Rose Korous. *Fleet Supply Base, N. Y.*: Bessie M. Gaynor, Mary M. Gibbons. *U. S. Naval Hospital, Paris Island, S. C.*: Evelyn E. Cochrane, Cora E. Clute, Myrtle Chandler, Genevieve Cavanaugh, Elsie Dunbar Allan, Edith M. McCoy, Loretta M. Self, Clara M. Tuttle, Luella Sibbold, Estelle G. Sears. *U. S. Naval Training Camp, Marine Barracks, Quantico, Va.*: Anna S. Dorfner, Nellie Vangness, Anna R. Vorbeck.

Resignations.—Mary G. Hennessey.

Transferred to Navy Nurse Corps (Regular).—Ruth Anderson.

HONOR ROLL

Died in the Service of Their Country

Nurses.—*U. S. Naval Reserve Force.*—Amber R. Story, from Ottumwa, Ia., November 20, 1918.

Reserve Nurses, U. S. N.—Anna Marie Dahlby (Mounds Park Sanitarium Detachment), November 25, 1918.

LENAH S. HIGBEE,

Superintendent, Navy Nurse Corps.

ARMY NURSE CORPS

Appointments.—Mary S. Emery, Hilda F. Berry, Lora M. Snyder, Lillian Falldine, Atha M. Harer, Ethel Lind, Clara Littlefield, assigned to duty at U. S. Army Debarkation Hospital No. 3, Greenhut Building, New York, N. Y. Mary Harmon, Katherine B. MacAdam, assigned to duty with Attending Surgeon's Office, 1106 Connecticut Avenue, Washington, D. C. Clara B. Smith, assigned to duty with Aviation Mechanics Training School, St. Paul, Minn. Prudence V. Guy,

assigned to duty with U. S. Army General Hospital No. 19, Azalea, N. C. Erma M. Brown, assigned to duty with U. S. Army General Hospital, Fort Bayard, N. M. Bessie R. Muir, Selma Anderson, assigned to duty with U. S. Army Base Hospital, Camp Beauregard, Alexandria, La. Lena Ott, Bernice Hartz, Anna L. Alexander, assigned to duty with U. S. Army General Hospital No. 25, Fort Benjamin Harrison, Ind. Grace B. Cotton, Catherine A. Schilling, Katharine Lee, Annie L. McBroom, assigned to duty with U. S. Army General Hospital No. 12, Biltmore, N. C. Mabel C. B. Macaulay, Susan C. McAuliffe, Florence A. Hedstrom, assigned to duty at U. S. Army General Hospital No. 10, Parker Hill, Mass. M. Lucy Webb, Marion L. Wilson, Zora M. Ballard, assigned to duty with U. S. Army Base Hospital, Camp Bowie, Fort Worth, Tex. Edna I. Lonon, assigned to duty with U. S. Army Post Hospital, Call Field, Wichita Falls, Tex. Marie A. Buckley, Mary J. Graham, Lida M. Miller, Margaret Booth, Josephine E. Murray, Minnie E. Nau, assigned to duty with U. S. Army General Hospital No. 11, Cape May, N. J. Esther E. Becker, Myrtle L. Chapman, Inga Brydal, assigned to duty with U. S. Army Base Hospital, Camp Cody, Deming, N. M. Anna A. Murphy, Ethel F. Duppler, Jennie L. Sanders, Kathleen M. Cockrell, assigned to duty at U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich. Jeanette A. Larson, Ruth Carroll, Kathryn V. Conway, Jessie M. Sarver, Clare H. Mueller, Margaret B. Smith, assigned to duty with U. S. Army General Hospital No. 21, Denver, Col. Agnes I. Skerry, A. Lillian Small, Esther Alexander, Grace M. Gardetto, assigned to duty with U. S. Army Base Hospital, Camp Devens, Ayer, Mass. Anne C. Wray, Elizabeth Lubbe, Louise E. Stephenson, Jeannette F. Duncan, Julia M. Betts, Carrie Tucker, Elsa W. Schwinn, Beatrice M. Connolly, Maude H. Kelley, Helena I. Bedford, Susanna W. Cutler, Katherine A. Moyer, assigned to duty with U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J. Agnes C. Hanson, Jessie M. Golz, Bertha M. Steele, Rhoda G. Weeks, Gladys M. Steele, Lydia A. Lenz, Eva D. Alldridge, Sara T. Stewart, Ida Ferguson, Martha Sather, Ethel Hall, Anna C. Foldesi, Mattie C. Hartman, Elsa Hartman, Anna F. Humphreys, Rose K. Bartruff, assigned to duty with U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa. Stella Vanderberg, assigned to duty with U. S. Army Post Hospital, Fort Douglas, Utah. Marion E. Yost, assigned to duty with U. S. Army Post Hospital, Eberts Field, Lonoke, Ark. Mary T. Bannon, assigned to duty with U. S. Army Debarkation Hospital No. 1, Ellis Island, N. Y. Irene Williams, assigned to duty at U. S. Army Base Hospital, Edgewood Arsenal, Edgewood, Md. Theresa A. Wilson, assigned to duty with U. S. Army Base Hospital, Camp Eustis, Lee Hall, Va. Susan L. Pryzbylinski, Mary K. Kleckner, Mary A. Riley, Sarah A. MacKelvie, Dora T. Wright, Mary McSweeney, assigned to duty with U. S. Army Debarkation Hospital No. 2, Fox Hills, Staten Island, N. Y. Ella M. McKenney, Patricia M. Farrell, Ella V. Nelson, Julianna Donovan, Ruth D. Connolly, assigned to duty with U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal. Anna C. Smith, Grace E. Shuping, Anna L. Ellsworth, Catherine Morrison, Johanna M. Morrison, Ada H. Patterson, assigned to duty with U. S. Army Base Hospital, Camp Grant, Rockford, Ill. Alice J. Garring, Marie Marshall, assigned to duty with U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga. Pearl C. Fisher, Irene Schumerhorn, Mabel V. Rayson, Iva Gregory, Lucy M. Bennett, Myrl Leonard, Inga Saglie, Ada M. Ande, assigned to duty with U. S. Army Hospital, Soldiers' Home, Hampton, Va. Sarah R. Clark, Marian C. Spellman, Ella C. Bennett, assigned to duty with U. S. Army Embarkation Hospital No. 1, Hoboken, N. J. Viola K. Conlon, Braide A. Hughes, Lillian B. Maurer, assigned to duty with U. S. Army Base Hospital, Camp Humphreys, Accontink, Va. Hulda E. Johnson, Jessie L. Bell, E. Brunette Ledbetter, Sophia P. Olson, assigned to duty

with U. S. Army Base Hospital, Camp Jackson, Columbia, S. C. Harriet L. Knipe, Netta J. Shorey, Mary Knipe, assigned to duty with U. S. Army Recruit Depot, St. Louis, Mo. N. Kay Smith, assigned to duty with U. S. Army Base Hospital, Camp Joseph E. Johnston, Jacksonville, Fla. Mabel E. Marietta, Sibyl Marshall, Nettie B. Strain, Nela Hill, assigned to duty with U. S. Army Base Hospital, Camp Kearney, Cal. Anna M. McNulty, Estelle Leary, Ida K. Ruoff, Lucretia Black, assigned to duty with U. S. Army General Hospital No. 9, Lakewood, N. J. Lucile I. Cook, assigned to duty with U. S. Army Post Hospital, Langley Field, Hampton, Va. Alice H. Elgin, Elizabeth Sjoblom, Mary L. Edwards, Katharine I. O'Brien, Elizabeth H. Fenner, assigned to duty with U. S. Army Base Hospital, Camp Lee, Petersburg, Va. Katheryn Grosebeck, Katherine Byrne, Minnie Tompkin, Esther Gibson, Minnie B. Rogers, Elizabeth A. Hodges, Adda Knox, Elizabeth Hahmin, Elizabeth V. Snyder, Grace P. Teall, Mary G. Robertson, Maude R. Miller, assigned to duty with Letterman General Hospital, San Francisco, Cal. Mildred C. Clowry, Ruth F. Clinton, Sara J. Maxwell, Marguerite M. Mason, Petronella V. Orton, Sophie L. Diers, Edna J. Maxwell, Mary Foard, Marion P. B. Noar, Margaret Qualey, Stella K. Newcomb, Pearl V. Wall, Anna Nuessle, Gertrude H. Diedrich, assigned to duty with U. S. Army Base Hospital, Camp Lewis, American Lake, Wash. Della J. Hurley, assigned to duty with U. S. Army Recruit Depot, Fort Logan, Col. Esther Farrow, assigned to duty with U. S. Army Base Hospital, camp MacArthur, Waco, Tex. Maud Rhode, Adele McAvoy, assigned to duty with U. S. Army General Hospital No. 37, Madison Barracks, N. Y. Margaret S. Ladd, Maude Lundahl, Minnie Lundahl, assigned to duty with U. S. Army General Hospital No. 2, Fort McHenry, Md. Nell B. Reed, Pauline M. Carroll, Edna Northcraft, Cordelia B. Vandegrift, assigned to duty with U. S. Army Base Hospital, Camp Meade, Admiral, Md. Annabel Macaskill, Constance M. Mitchell, Helen Jennings, Elizabeth Johannis, Emily G. Phillips, Mary B. MacFadyen, Marie C. J. Stuart, Margaret Kelley, Olive M. Curtis, Lillian M. Fairbanks, Joen O'Brien, Bride C. Phelan, Pauline D. Green, Jennie M. Gaffney, Mary B. Meyer, Catherine C. Farina, Inge Bruun, assigned to duty with U. S. Army Base Hospital, Camp Merritt, N. J. Iva L. Tillyer, Mabel Hutcheson, Helen M. Watkins, Edith W. Parry, Emma M. Dunlap, Madeline Rogerson, Bertha H. Holderegger, Anna M. Poquette, Esther J. Fitzpatrick, Evangeline Y. Gerand, Adda Chambers, Margaret Spearman, Marion C. Shea, Viola M. Bonney, Rena M. Case, Lucille Gingras, Margaret A. Conway, Katherine J. MacGregor, assigned to duty with U. S. Army Base Hospital, Camp Mills, Long Island, N. Y. Marie E. Hanlin, assigned to duty with U. S. Army Base Hospital, Camp McClellan, Anniston, Ala. Annie B. Feebeck, assigned to duty with U. S. Army General Hospital No. 6, Fort McPherson, Ga. Freda M. Mahon, Lucy A. Mahon, assigned to duty with U. S. Army Post Hospital, Fort Moultrie, Charleston, S. C. Mabel E. Jennings, Agnes E. Swanson, Eva E. Love, assigned to duty with U. S. Army General Hospital No. 16, New Haven, Conn. Maud F. Durand, Elizabeth Moore, M. Etta Reilly, Vesta K. Hall, Mary E. Moshier, Mary Brady, Jennie H. Hains, Anne Hunt, Gladys P. Dempsey, assigned to duty with U. S. Army General Hospital No. 1, Williamsbridge, N. Y. Lillie L. Fransen, Edna M. Boyd, Dora M. Brydon, Ida M. Cholcher, Viva L. Scholle, Susie H. Murchie, Vida W. Jewell, Adele Neugebauer, assigned to duty with U. S. Army General Hospital No. 14, Fort Oglethorpe, Ga. Henrietta D. Martens, assigned to duty with U. S. Army Post Hospital, Fort Omaha, Nebr. Alice P. McGuire, Marion D. Judkins, Florence M. Doyle, Rose E. Fiske, Barbara A. Hunter, Marion L. Rauch, Leonora E. Kelly, assigned to duty with U. S. Army General Hospital No. 5, Fort Ontario, N. Y. Abbie V. Odell, assigned to duty with U. S. Army Base Hospital, Camp Pike,

Little Rock, Ark. Anna L. Styer, Mae K. Briggs, assigned to duty with U. S. Army General Hospital No. 24, Pittsburg, Pa. Lutie Tufts, assigned to duty with U. S. Army General Hospital No. 30, Plattsburg Barracks, N. Y. Mareon Meyer, Florence K. Richardson, assigned to duty with U. S. Army General Hospital No. 4, Fort Porter, N. Y. Pauline L. Adams, Edith M. Morris, Margaret P. Morgan, Lois E. Harpham, Clare M. Wheeler, Marjorie McGown, Emma Burton, assigned to duty with U. S. Army General Hospital No. 3, Rahway, N. J. Augusta V. Reigelman, assigned to duty with U. S. Army Post Hospital, Raritan Arsenal, N. J. Adah M. Beere, assigned to duty with U. S. Army Base Hospital, Fort Riley, Kan. Anna G. Roberts, assigned to duty with U. S. Army Post Hospital, Rock Island Arsenal, Ill. Caroline L. Holland, Annie K. Shirley, assigned to duty with U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex. Gladys M. Zerbo, assigned to duty with U. S. Army Base Hospital, Camp Sevier, Greenville, S. C. Ethel Thomas, Mary B. Massman, Charley D. Bennett, Charlotte Tostenson, Erma Glasgow, Nell C. Dickey, assigned to duty with U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss. Mary E. Lewis, Charlotte A. Pococke, Emily M. Valiquette, assigned to duty with U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio. Elizabeth Davis, assigned to duty with U. S. Army Recruit Depot, N. Y. Angela Maruska, assigned to duty with U. S. Army General Hospital No. 29, Fort Snelling, Minn. Katherine D. Mapes, assigned to duty with U. S. Army Base Hospital, Camp Taylor, Louisville, Ky. Mary A. McGee, Laufey Melsted, Violet A. Cox, Hassel N. Williams, Edna M. Lovell, Billie Clark, Harriet V. Furby, Julia Cameron, Nell Julian, assigned to duty with U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Tex. Mary E. Shine, Tekla E. Johnson, Margaret M. Gwyne, Effie J. Macdonald, Florence A. Roberts, Mary K. Moriarty, Sarah E. Grehea, Katherine F. Lyons, Elizabeth L. George, Katherine J. Sullivan, Anna E. Mernagh, assigned to duty with U. S. Army Base Hospital, Camp Upton, Long Island, N. Y. Olla V. Wright, Ethyl L. Dumbville, assigned to duty with U. S. Army Post Hospital, Vancouver Barracks, Wash. Vora E. Rogers, Teresa Hindman, assigned to duty with U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C. Marguerite L. Mattice, Ethel E. Peters, assigned to duty with Walter Reed General Hospital, Takoma Park, D. C. Rosa M. Raun, Lena L. Cottman, Rose A. O'Brien, Edith E. McBroom, Susan E. Littlepage, Inez H. Hulse, assigned to duty with U. S. Army Base Hospital, Camp Wheeler, Macon, Ga. Emma Hornberger, assigned to duty with U. S. Army Post Hospital, Wilbur Wright Field, Fairfield, Ohio. Delima Le Branc, assigned to duty with U. S. Army Post Hospital, Fort Williams, Me.

Transfers.—*To U. S. Army General Hospital No. 19, Azalea, N. C.:* Nancy L. Norton. *To U. S. Army General Hospital, Fort Bayard, N. Mex.:* Alma V. Gunnison, C. Ruth Hersey, Jennie D. Harding, Martha H. Madsen, Honora C. Sheehan, Maude Yattaw. *To U. S. Army General Hospital, Cooperstown, N. Y.:* George Allen Hutton, with assignment to duty as Chief Nurse, Edna M. Houck, Alice H. MacPhee, Rose M. Pendergast. *To U. S. Army General Hospital No. 36, Detroit, Mich.:* Mabel C. Kirkpatrick, with assignment to duty as Chief Nurse. *To U. S. Army Hospital, Soldiers' Home, Hampton, Va.:* Mabel R. Holmes, with assignment to duty as Chief Nurse. *To U. S. Army General Hospital No. 23, Hot Springs, N. C.:* Alice M. Hemingway with assignment to duty as Chief Nurse. *To Letterman General Hospital, San Francisco, Cal.:* Ida Pearl Owen, Ethel Ida Ward. *To U. S. Army Post Hospital, Fort Moultrie, S. C.:* Jessie H. Kunzie, with assignment to duty as Chief Nurse. *To U. S. Army Base Hospital, Camp Mills, Mineola, N. Y.:* Velma F. P. Barnard, Grace D. Baird, Laura F. Carney, Mary Dyer, Marguerite A. Elliott, Bessie B. Fleming, Effie M. Russell, Jannie Schofield.

To U. S. Army Post Hospital, Fort Meyer, Va.: Lillian N. Fertig. *To U. S. Army Post Hospital, Nogales, Arizona:* Mary B. Massman, with assignment to duty as Chief Nurse. *To U. S. Army Base Hospital, Camp Merritt, N. J.:* Beatrice E. Bassett, with assignment to duty as Chief Nurse, Ila Broadus. *To Department Hospital, Manila, P. I.:* Elisabeth Rahmin. *To U. S. Army General Hospital No. 10, Parker Hill, Boston, Mass.:* Ruth Loraine Phillips. *To U. S. Army General Hospital No. 30, Plattsburg Barracks, N. Y.:* Lutie F. Tufts, with assignment to duty as Chief Nurse. *To Polyclinic Hospital, N. Y.:* Etta E. Robbins, with assignment to duty as Chief Nurse. *To U. S. Army General Hospital No. 7, Roland Park, Baltimore, Md.:* Hazel I. Miller. *To U. S. Army Base Hospital, Camp Sevier, S. C.:* Jane C. Flynn, with assignment to duty as Chief Nurse. *To U. S. Army Post Hospital, Scott Field, Belleville, Ill.:* Anjeanette Wager. *To U. S. Army General Hospital No. 29, Fort Snelling, Minn.:* Louise Knapp, with assignment to duty as Chief Nurse. *To U. S. Army Post Hospital, Tulaferro Field, Hicks, Tex.:* Rose A. O'Brien, with assignment to duty as Chief Nurse.

To Embarkation Hospital No. 4, Polyclinic Building, New York, N. Y.: Mary B. Meyer, Dominica Maria, Katherine Louise Carey, Constance M. Mitchell, E. Priscilla Rider, Susanne S. Burger, Mary Ellen Casey, Gladys R. Dempsey, Katherine W. Kiefer, Mae T. MacKinney, Ethel M. Morse, Adelaide Wallace, Martha S. Wolfe, Katherine E. Gallagher, Elizabeth McLachlan McMillen.

To U. S. Army Debarcation Hospital No. 1, Ellis Island, N. Y.: Carrie H. Tucker, with assignment to duty as Chief Nurse, Asta J. Brendstrup, Mary A. Mott, Catherine T. O'Neill, Helen G. Hill, Frances MacKay, Nelle M. Bream, Lulu E. DeLancey Hess. *To U. S. Army Debarcation Hospital No. 2, Fox Hills, Long Island, N. Y.:* Helen C. Allen, Louise S. Heyen, Julia M. Cronin, Margaret Driscoll.

To U. S. Army Debarcation Hospital No. 4, Long Beach, Long Island, N. Y.: Venetta V. Kahler, with assignment to duty as Chief Nurse, Ethel A. Burrows, Rena D. Knotts, Mary A. Conkling, Lucy Morris, Margaret L. O'Gara, Elizabeth Y. F. Skeoch, Effie J. MacDonald, Elenora Guertin, Mabelle E. Finnigan, Margaret M. Gwynne.

To Nurses' Replacement Unit No. 4 (service in Europe): Lottie E. Williams. *To Nurses' Replacement Unit No. 8 (service in Europe):* Anna E. Flynn. *To Nurses' Replacement Unit No. 9 (service in Europe):* Ingeborg H. von Blucher.

To U. S. Army Base Hospital No. 78 (service in Europe): Emma A. Byrne, Llewellyn Zell, Beulah Crosswell, Elizabeth J. Flynn, Laura E. Goodine, Ina Mae Burney, Enna Elizabeth Murphy, Lena M. Schumscher, Mary M. Everitt, Nona Lee Wilson, Salinda M. Kerolla, Jane N. Anderson, Evelyn C. Johnston, Edith Pentling, Florence H. Baldwin, Kathryn M. McCarthy, Vena I. Radley, Lillian May Cote, Anna S. Otterbein, Kathleen O. Reade, Grace E. Hinckley, with assignment to duty as Chief Nurse.

To U. S. Army Base Hospital No. 79 (service in Europe): Margaret Ingersoll, with assignment to duty as Chief Nurse, Signe M. Berquist, Amy M. Laasey, Mary M. Driscoll, Hazel M. Scott, Willie B. Alexander, Anna E. McLaughlin, Ethyle McCarthy, Isabella J. H. Aitken, Ruth Ardoon, Teresa Fitzgerald, Julia V. Howe, Elizabeth W. Martin, Margaret G. Prouty, Pearlana V. Soles, Nellie Ward, Lula A. Brennan, Mary E. Donegan, Marie S. Fordham, Venetta V. Kahler, Lucy M. Parker, Jane E. Rafferty, Mary E. Spare, Louise M. Young, Regina H. Conroy, Mildred P. Eppelsheimer, Margretta Hilbert, Regina G. Kelly, Agnes C. Peterson, Amy M. Reed, Alsa Tomlinson, Sue Rainer, E. Elizabeth Kirby, Anna M. Reiner, Mabelle Atkinson, Effie Mae Sargeant, Catherine Agnes Hayes, May Shumaker.

Discharges.—Bertha Anna Bliss, Mary T. Bruen, Edith S. Cox, Mary Agnes Crowley, Anna Cecelia Foldese, Beatrice M. Fuller, Katharine G. McDonnell, Maude Gray, Emma V. Hurst, Abby M. Wernette.

RESERVE NURSES, ARMY NURSE CORPS

Assignments.—To *U. S. Army Debarkation Hospital No. 3, Greenhut Building, New York, N. Y.*: Merit T. Peters, Mary L. Davis, Anna V. Carlon, Eleda A. Love, Vera C. Dunkle, Sylvia Turner, Florence M. Reilly, Florence A. Wood, Margaret E. Ginnan, M. Lyle Brodie, Elizabeth Parmele, Rena E. Daily, Elizabeth Schaffer, Ethel M. Founda, Madeline M. Jacob, Helen Friedman, Agnes V. Dunn. To *Aberdeen Proving Ground, Md.*: Ellis L. Ellwood. To *U. S. Army Post Hospital, Army Balloon Station, Arcadia, Cal.*: Selma V. Jacobson, Lois Dunbar, Fleda M. McQuown, Sina M. Haaland, Joan R. Annand, Ida Sporry, Kathryn MacGregor, Chaimian A. Royzer, Rebecca L. Griffith, Lydia Thomas, Katherine Spann.

To *Attending Surgeon's Office, 1108 Connecticut Avenue, Washington, D. C.*: Alice B. Harvey. To *Aviation Mechanics' Training School, St. Paul, Minn.*: Angela B. O'Reilly. To *U. S. Army General Hospital No. 19, Azalea, N. C.*: Olga Dent, Isabella M. Flewwelling, Vannie Hawley, Edith J. Straight, Lottie M. Mickel, Edith G. Meacher, Alberta Stephenson. To *U. S. Army General Hospital No. 25, West Baden, Ind.*: Marjorie M. Ohls, Emily Nelson, Jennie T. Martell, Florence J. Ramstead, Arna J. Quello, Astrid Nasby, Minnie A. Nelson, Mable C. Anderson, Hazel M. Wagner, Elizabeth A. Kenny.

To *U. S. Army Post Hospital, Fort Barrancas, Fla.*: Ida G. Iliff, Sara E. Dusenbury, Katharine O. Altman, Mae H. Hall. To *U. S. Army Post Hospital, Barron Field, Everman, Tex.*: Emma L. Sparks, Veronica Bisenius. To *U. S. Army General Hospital, Fort Bayard, N. Mex.*: Ruby V. Markum, Mary K. Dresbach, Minnie B. Schmotzer, Ruth T. Tollefson, Iva L. Buckel, Carrie M. Nelson, Mina J. Hammer, Otelia L. Stumley. To *U. S. Army Base Hospital, Camp Beauregard, Alexandria, La.*: Clara G. Gale, Della M. Babin, Mary M. McFarland, Sallie B. Foreamn, Clifford G. McCain, Monita Barilleau, Katherine Conerty, Mary J. Paisley, Edith M. Stanforth.

To *U. S. Army General Hospital No. 25, Fort Benjamin Harrison, Ind.*: Helen Palmer, Lulu M. Wolfrom, Anna C. Keifer, Ethel M. Ikins, Patronilla V. Schmidt, Edith J. Barker, Mable M. Rotzien, Katherine J. Sanders, Lillian H. Thompson, Evaretta Reynolds, Velma Lamb, Hildur B. Mauroy, Edith G. Becker, Inez Richardson, Margaret H. Walters.

To *U. S. Army General Hospital No. 12, Biltmore, N. C.*: Nettie Simpson, Margaret Craig, J. Gertrude Merrow, Mary E. Simpson, Florence H. Johnson, Lillie H. Crowell, Annie L. Moore, Mabel K. Hamrick, Emma Nicholson, Ruth L. Clark, Maggie Wilkes, Margaret C. Kane, Marion McNaney. To *U. S. Army General Hospital No. 10, Parker Hill, Mass.*: Margaret M. Strachan, Margaret Van Cott, Amy M. Clark, Mary M. McDonald, Hattie T. Hayward, Inez L. Chester, Margaret Davis, Eva M. Troop, Mertie M. Stickney, Alice T. Biddle.

To *U. S. Army Base Hospital, Fort Worth, Tex.*: Marion L. Baldwin, Martha Kline, Sallie Fallon, Mary Fallon, Lucy K. Kaib, Adelma R. McCabe, Virginia Nunnolley, Doris M. Rarey, Leona P. Wareen, Grace T. Stewart, Virginia H. Barton, Laura M. Parker, Blanche Dibble, Addie M. Hadley, Emma Leuck, Frances Hayes, Essa Condon, Minnie M. Elsesser, Orlean Wright. To *U. S. Army Camp Hospital, Camp Bragg, Fayetteville, N. C.*: Ledo E. Cummings. To *U. S. Army Post Hospital, Brooks Field, San Antonio, Tex.*: E. Vera Eber-

hardt. To U. S. Army Post Hospital, Call Field, Wichita Falls, Tex.: Mary M. Russell, Rose Polk.

To U. S. Army General Hospital No. 11, Cape May, N. J.: Myrtle B. Davidson, Daisy C. Carvill, Estelle W. Fitz, Daisy D. McBurnie, Abbie C. Doak, Inez Logan, Anna E. Connolly, Dillena A. Mackenzie, Elizabeth H. Crabtree, Vida U. Harsh, E. Evelyn Crozier, Clara M. Crotty. To U. S. Army Post Hospital, Carruthers Field, Benbrook, Tex.: Emma Lewis.

To U. S. Army Base Hospital, Camp Cody, Deming, N. Mex.: Teresa Collentine, Selma A. Boettger, Leslie Hannah, Eva K. Smith, Lena R. Vaughan, Katherine A. Walsh, Mae Fisher, Hazel G. Gilmore, Lena A. Michie, Vera G. Headrick, Mary Stevenson, Amelia Koeniz, Anna Pape, Madeline Box, Mildred Williamson, Leona Anderson, Anna M. Burns, Mercilla S. Ames, Madeline Wilcox, Blanche Chambers, Vera Pearce. To U. S. Army Post Hospital, Camp Colt, Gettysburg, Pa.: Ella M. Neylon, Hulda Vashinder.

To U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich.: Minnie S. Eichenberger, Leila B. Gladstone, Florence A. Loudon, Harriet M. Wagner, Edith H. Peters, Alice H. Gallagher, Mary A. Corr, Blanche E. Rowell, Grace M. Smith, Edith L. McDougal, Mabel C. Primer, Mae P. Pelkey, Myrtle A. Bronhard, Flora Campbell, Minnie Barton, Agnes H. Johnson, Rachel A. Olson, Lillian Kiernan, Martha McDonnell, Edna M. Smith, Bertha Skog, Nonna I. Michael, Lillie E. Lovett, Benda W. Aldrich, Rose Daly, Marion H. Young, Mary Reen, Maybelle J. Johnston, Helen I. Taylor, Julia R. Schneble, Winifred A. Murphy, Harriet C. Koon, Anna M. Smith, Edith L. Ferguson, Faith McIntyre, Josephine M. Patzel, Beatrice La Montagne, Henri C. Carey, Elizabeth Rundquist, Maude V. Muncie, Dorothy E. Waldron.

To U. S. Army General Hospital No. 21, Denver, Colo.: Cloc A. Brown, Leone Feber, Margaret Boschert, Anna C. Rochford, Candace S. Hocker, Sara E. Custer, Anny Mattson, Ela H. Conover, Anna Reinert, Isabelle A. Brummel, Mary E. Kelley, Blanche E. Kessler, Mabel B. Taylor, Bertha I. Goeglein. To U. S. Army General Hospital No. 26, Fort Des Moines, Iowa: Ethel E. Anderson, Frances A. Kellogg, Anna M. Nielson, Margaret A. Rose, Margaret McMahon, Marion H. Addington, Anne M. Redhead, Marie A. Zihlman, Edith R. Johnson, Amelia Griffiths, Clara E. Olen, Emily Kron, Maria Bogard, Mabel C. Johnson, Grace A. Fisher, Hannah C. Farrell, Alice G. Gleason.

To U. S. Army Base Hospital, Camp Devens, Ayer, Mass.: Ada M. Small, Marie L. LaBoue, Marion H. Douglas, Anna J. Humphreys, Olive M. Mills, Clara L. Shackford, Minnie C. Lang, Mary F. Colleary, Jessie M. Hibbard, Sylvia Lothrop, Gladys E. York, Bertha C. Loller, Marion F. Shine, Ruth H. Shaw, Margaret Trenholm, Mildred J. Mitchell, Catherine C. Marks, Emma M. Gardner, Laura L. Keith, Elizabeth F. Keegan, Mary C. Fagan, Elizabeth M. Lane.

To U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J.: Annie M. Cameron, Bertha W. Wilson, Donna P. Wills, Acponia R. Schilling, Katherine M. Obert, Stella M. McCarthy, Helen E. Woodmanser. To U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa: Marie M. Mock, Elsie M. Berl, Elizabeth A. Nienhaus, Mary E. Tierney, Dolly B. Burkholder, Margaret A. Morrissey, Sophronia Akery, Nettie H. Erdenberger, Mary E. Brogan, Geda J. Rosendahl, Ida Overlie, Emily M. Wilson, Margaret Rinehart, Laura Lutjan, Emma Woll, Marie Boyum, Grace Aldrich, Amanda E. Benson, Carrie Hermunalie, Mamie L. Callow, Laura G. Hemming, Vera J. Clark, Olive Semling, Helen H. Stevens, Helen M. Schacht, Helen C. Peterson, Signe Tasala, Nora Mann, Marie Gelakoske, Laura M. Finley.

To U. S. Army General Hospital No. 27, Fort Douglas, Utah: Lurelda M.

Rose, Bertha Schmidlin. *To U. S. Army Base Hospital, Eagle Pass, Tex.:* Mary C. Reynolds. *To U. S. Army Base Hospital, Edgewood Arsenal, Edgewood, Md.:* Katherine B. O'Connor, Phelonise Tardif. *To U. S. Army Post Hospital, Fort Ethan Allen, Vt.:* Hazel W. Corliss, Carrie Jewett, Nellie Gifford. *To U. S. Army Base Hospital, Camp Eustis, Lee Hall, Va.:* Edna S. Johnson. *To U. S. Army Debarkation Hospital No. 2, Fox Hills, Staten Island, N. Y.:* Lida E. Gellock, Norma R. Fisher, Caroline A. Kiel, Marion C. Poulson, Barbara Dalter, Pearl H. Law, Julia M. Gilmore, Matilda S. Dunning, Mary O. Barnett, Agnes G. Roughan, Isabella C. MacDonald, Miriam Fausty, Nellie M. Lewis, Christie Reay, Hyacinth B. Hoy, Dora Iliff, Nellie M. Denison, Louise L. Stacks, Kathryn E. Gerber, Esther M. Rowell, Frances W. Stevenson, Bessie M. Bryarly, Mabel Schuster, Florence A. Bolen, Mary E. Sutton, Marie L. Rothermel, Elizabeth I. Jutsum, Christene Williamson, Dorothy Felzensteen, Elizabeth Leger, Signe M. Wikstrom, Ethel E. Tryon, Emma E. Byers, Marie E. Cloherty, Theresa Cloherty, Elsa F. Bringolf.

To U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal.: Tresa L. Keller, Nell T. Webster, Rose Arenstein, Cassie A. Holmes, B. Cecilia Olson, Virgene W. Fraser, Thelma B. Whitehurst, Ethel M. Denham, Hilda E. Sutherland, Nettie Fisher, Ella Keppel, Mary Keppel, Ella S. Johnson, Agnes G. Bain, Margaret M. Berling, Emma E. Wintler, Anna M. Keifer, Laura O. Sund, Lillian M. CcLean, Mazzie G. Ordway, Marie Jonasen, Emily Loeffel, Florence M. Haverkos, L. Lois Allen, Alfreda Hagen, Martha M. Wert, Jeanette Moyer, May E. Waite, Susie Chase.

To U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga.: Mary E. Fogarty, Edna P. Witwen, Olinda M. Veigel, Elizabeth Rogers, Hilda C. Sexauer, Nan H. Ewing, Helen M. McNaughton, Irene E. Darr, Lillian M. Alexander, Florence Rumley, Ruth Ogletree, Lucy H. Higgs, Grace D. Lorry, Helen Petre, Jessie N. Jackson, Lerna M. Ray, Lucy W. Smith, Estelle Sessions, Hattie Warlick, Alice L. Kincaid, Gertrude C. Harvey, Elizabeth P. Burns, Willie P. Brown, Fannie Cotton, Ava White, Jennie Jacobs, Estelle M. McCarthy, Lillian Entreken, Vera Cooper, Fannie Cotton, Jennie V. McClure, Grace B. Wall, Lelia G. Meitland, Maude L. Miller, Amy L. Colier.

To U. S. Army Base Hospital, Camp Grant, Rockford, Ill.: Inez A. Fowler, Flora E. Johnson, Nettie Nelson, Olga E. Andresen, Idel C. Burrus, Dorothy Binder, Elizabeth L. Horn, Alvine L. Schmidt, Elizabeth Synborst, Myrtle J. Charles, Alta M. Koontz, Juanita Norton, Anna M. Weiss, Anna K. Scott, Tone A. Mallman, Gertrude M. Coyne, Elizabeth McKenzie, Marion E. Graves, Wilhelmmina D. Wermuth, Florence B. Richards, Norma I. Knapton, Rose Sherger, Mary A. Casey, Mary W. Heidelberg, Alice Bagers, Ruth H. Kimball, Nellie M. Lee, Irene G. Schapers, Edith M. Smith, Marie H. Nigl, Minerva Egan, Mildred L. Hehne, Caroline I. Francken, Irene C. Fraipont, Genevieve E. McDonald, Elsie M. Reilly, Madeleine C. Richter, Louise A. Kircher, Rosanna Blackbird, Eleanor Carey, Adelaide L. King, Geneva Shimmin, Kathryn S. Gruber, Violet H. Humphrey, Bertha Koehl, Gladys M. King, Amanda V. Palmquist.

To U. S. Army Base Hospital, Camp Greene, Charlotte, N. C.: Margaret M. Fischer, Mary G. Horgan, Martha Cain. *To U. S. Army Hospital, Soldiers' Home, Hampton, Va.:* Mamie L. Black, Stella Pettway, Lorens Hill, Arline Spencer, M. Kathryn Stevens, Mary Curtis, Fannie M. Danke, Nettie L. Frehafer, Minnie A. Prescott, Pauline W. McQuiston, Alice A. Krudup, Elsie Gehle, Mary C. Shotwell, Clara W. Sheldon, Iva B. Pampel, Frances V. Voorheas, Amelia M. Hesserberger, Daisy M. Bradley, Elizabeth H. Smalley, Bertha I. Miller, Ethel A. McGowan, Helen C. Burke, Margaret Pickel, Mary G. Vars, Mary A. Wilson, Hazel

M. VanDrew, Jessie Montgomery, Lyda B. Stuart, Evalina C. Swenson, Lena Knudson, Mary Jamison, Irene D. Maye, Hedwig Steiner, Pauline E. Pfafman, Norma K. Stein, Augusta Berndtson, Eva I. Kelly, Ethyl M. Spence, Clara T. Larsen, Ella H. Foxen, Anita M. Strong, Helen B. Leonard, Ruth Marshall, Lenora Huysman, Nan Holmer, Lenore G. Flurey, Mary Dewart, Margaret F. Staples, Eva R. Pettigrew, Mary M. Redmond, Anna A. Ramey, Agnes H. Peterson, Grace Roberts, Adele M. Pangler, Selma Owen, Dorothy Lawton, Nora O'Neill, Agnes X. Hartman, Lottie A. Dee, Helen L. Burtanger, Florence H. Hack, Rachel E. Flyden, Anna L. Kolbe, Ida M. Dahl, Myrtle I. Whitbeck, Ruth E. Martin.

To U. S. Army Base Hospital, Camp Hancock, Augusta, Ga.: Maude M. Spence, Margaret E. Dorn. To U. S. Army Embarkation Hospital No. 1, St. Mary's Hospital, Hoboken, N. J.: Jennie S. Maguire, Edith Gardner, Eva Rafolowitz, Cecelia Weick, Hannah L. Peterson, Petra Newfaldet, Minnie E. Pike, Olga H. Wald, Grace Collopy. To Department Hospital, Honolulu, H. T.: Mary C. Young. To U. S. Army Base Hospital, Camp Humphreys, Accountink, Va.: Margaret Healy, Mary P. Skidmore, Estell Starr, Marion A. Peniston, Daisy I. King, Dorothy C. Filbert, Jessie E. Moore.

To U. S. Army Base Hospital, Camp Jackson, Columbus, S. C.: Clara C. Tompkins, Mary E. Palin, Katherine S. Seabrook, Augusta G. Jervy, Minnie Hyatt, Phoebe S. Burgess, Mary C. Geran, Ida T. Elrod, Grace M. Turner, Lois Newkirk, Mabel K. Owens. To U. S. Army Recruit Depot, Jefferson Barracks, St. Louis, Mo.: Sciota B. Horn, Irma B. Dell, Hulda B. Maurer, Edith M. Watters, Marie Egger, Margaret J. MacDonald, Mae A. Nydl, Gertrude M. Hasenjaeger, Julia M. Flaiz. To U. S. Army Base Hospital, Camp Joseph E. Johnston, Jacksonville, Fla.: L. Vesta Maxwell, Clara E. King, H. Katherine Walters, Jessie L. Jacobs, Eleanor B. Bridges, Inez B. Morgan, Imogene Morgan.

To U. S. Army Base Hospital, Camp Kearney, Cal.: Mary C. Peterson, Katherine M. Maloney, Lorna Duhm, Elaine M. Rolls, Mary C. Duke, Ramona M. Jordan, Sibyl Bartley, Mae E. Murphy, Leona L. Christenson, Katherine M. Costello, Elizabeth A. Brady, Freda R. Bergstrom, Gertrude MacDonald, Beulah E. Michels, Anna G. Creedon, Myra R. Cleaver, Ella M. Hess, Juliette B. Donner, Frances B. Chapman, Susie F. Hunt, Laura B. Witmer, Mary T. Moan, Cora M. Mathis, Susie Moss, Grace R. Cook, Susie A. Schrepfer, Ida M. Mason. To U. S. Army Post Hospital, Kelley Field No. 2, San Antonio, Tex.: Charles M. Dudley, Marianna Hollingsworth.

To U. S. Army General Hospital, No. 2, Lakewood, N. J.: Matilda C. Degen, Mary Mulholland, Laura E. Kistler, Hester J. Bryson, Dora Rubin, Lillian K. Landers, Selena F. Lambert, Sarah S. Summers, Mary E. O'Driscoll, Edna M. Shepard, Anna Ash, Blanche G. Bieber, Esther McCaffrey, Clara C. Corson, Grace B. Hatch, Agnes C. Lynch, Hester A. Ivers, Clara P. Hughes, Mary A. Scanlon, Bridget T. Dougherty, Alice R. Donnelly, Clara Sprague, Sarah J. Bedkin, Lila M. Martin, Annie C. Murdock. To U. S. Army Post Hospital, Langley Field, Hampton, Va.: Mary E. Baird. To U. S. Army Base Hospital, Camp Lee, Petersburg, Va.: Kathryn M. Neff, Ruth R. Wilson, Dora L. Risk, Mildred Maxwell, Helen Tachumy, Charlotte V. Williamson, Mary E. Marsh, Sara A. Vanderford, Dorothy J. Boyd, Beatie V. Kerr, Irene I. Jones, Agnes E. Carver, Elsie L. Kaiser, Georgia B. McCauley, Lenty V. Neville, Charlotte H. Gleason, Mary C. Neason, Mary E. MacTier, Margaret R. MacTier.

To Letterman General Hospital, San Francisco, Cal.: Sophie Anderson, Mary M. Jacobs, Hannah C. Rydlund, Olga O. Scudahl, Beulah L. Ryder, Rose M. Keller, Agnes C. Finnigan, Ruth E. Pearce, Rachel B. Comb, Mary I. Boyce,

Winifred A. Morrison, Dora A. Noble, Myrtle Sparolini, Marybell Evans, Thora A. Benson, Laura B. Scott, Clara H. Kubik, L. Etta Sheffer, Gertrude B. Murphy, Helen Howell, Lena E. Tucker, Lula Bayer, Annie E. Cummings, Agnes T. Bailie, Nellie E. Stalder, Mary U. Stowell, Helinda A. Loftus, Irene Cosgrove, May R. Parcells, Nell Dougal, Pearl E. Curry, Loretta Eastman, Catherine Kelly, Esther L. Haley, Jennie McShea, Hallie D. Scott, Lucy F. Conway, Lena Tallman, Martha A. Browne, Isabel N. O'Hara, Marguerite C. O'Brien, Mary A. Eagen, Lucy Beyer, Norah A. Robb, Helen F. Laufenburg, Gertrude McMahon, Pearl D. Hill, Ethel R. Caldwell, Daisy M. Dennary, Martha C. Rinn, Hazel A. Rees, Louise H. Poli, Mary A. Purcell, Cassie O. Callghan, Eveline M. Swenson, Dorothy E. C. Harrison, Marguerite J. Arnold, Minnie Hoehn, Eunice Siler, Katherine E. Laughran, Mary E. O'Connor, Winifred T. Peterson, Flore V. Mortenson, Florence M. Hite, Lola Madden, Vida Sweet, Lydia A. Husu, Charlotte M. Connor, Pearl F. Hill, Lydia C. Anderson, Elizabeth Durheim, Ethel Bremer, Lynda B. Hood.

To U. S. Army Base Hospital, Camp Lewis, American Lake, Wash.: Jane N. Stone, Edith A. Olson, Ada R. Sipprell, Jessie H. Hicks, Lillian M. Johnson, Mary D. Abercrombie, Laura C. Macdonald, Ruth Negard, Lois M. Jones, Charlotte I. Candolfo, Sophie S. Dunham, Julia E. Hurley, Theodora H. Lindley, Dorothy Mickleborough, Louise Terrell, Margaret J. Neary, Edna N. Kurth, Emily B. Foot, Alfreda Billings, Helen L. Harper, Florence E. Cooper, Eleanor L. White, Rosalind Palmer, Julia Larson, Emelie G. Vorba, F. Lillian Sullivan, Delcine McCullough, Margaret Pare, Ida M. Wilcox, Jennie Harrison, Bertha Saville, Jane Angove, Louise LaBroche, Kathleen Mitchell, Ruby Baughm, Eva M. Knight, Nellie Waddington, Mabel E. Holmes, Amy E. Pratt, Minnie M. Shields, Barghild Bue. *To U. S. Army Recruit Depot, Fort Logan, Col.:* Mary E. Gavin, Corris E. Lang, Gertrude Sogaard.

To U. S. Army Base Hospital, Camp Logan, Houston, Tex.: Stacia Dolin, May Dolive, Mary E. Ridgeway, Lillian Catti, Alberta P. Hamman, Sara M. Glasier, Mamie Jones, E. Myrtle Proctor, Grace G. Hanley, Martha T. Juve, Pearl D. MacDonald. *To U. S. Army Base Hospital, Camp MacArthur, Waco, Tex.:* Rannie L. Arledge, B. Helen Blum, Allie Shipp. *To U. S. Army Base Hospital, Camp McClellan, Anniston, Ala.:* Erma A. Mechlin, Sara Connerth. *To U. S. Army General Hospital No. 2, Fort McHenry, Md.:* Nell C. Conway, Mildred Neff, Charlotte A. Snow. *To U. S. Army General Hospital No. 6, Fort McPherson, Ga.:* Vida M. Wilson, Elsie R. Stephenson, M. Martha Frueh. *To U. S. Army General Hospital No. 37, Madison Barracks, N. Y.:* Julia A. Doyle, Nora T. O'Riordan, Rose Behan.

To U. S. Army General Hospital No. 17, Markleton, Pa.: Anna K. Ward. *To U. S. Army Base Hospital, Camp Meade, Admiral, Md.:* Elizabeth G. Bear, Mabel E. McLuown, Mary Callahan, Mary W. Stevenson, Bertha Stoll, Jessie Singleton, Ida E. Hease, Mary C. Reilly, Elsie M. Buckman, Bertha D. Chandler, Frances McCarty, Nina Gardner, Lillian E. Stemple, Rose T. Tiddy, Josephine V. Hermann, Amy E. Wood, Anna M. Hall.

To U. S. Army Base Hospital, Camp Merritt, N. J.: Augusta G. Hagemuller, Julia M. Holland, Ethel M. Robertson, Mary B. Duncan, Hazel J. Ball, Alberta L. Gerrie, Irma L. Benedict, Jeannette M. Richardson, Kathleen Woods, Hilda C. Robertson, Georgianna T. Cassell, Lucy M. Messenger, Mabel Patterson, Mary A. Smith, Marcella Earle, Maxie McCarthy, E. Pauline Klepfer, Isabelle J. Turner, Agda D. Erickson, Alma M. Koch, Anna G. Griffin, Ada K. Broed, Cecelia A. Smith, Elsie L. Cleaver, Eva E. Stump, Susanne M. Hayes, Anna W. Fraser, Sara S. Blum, Mary McEntee, Ethel L. Graves, Addie L. Bowman, Mabelle L.

Annis, Ola M. Smith, Agnes A. Harvie, Isabel Carriel, Minnie A. Wheeler, Evelyn Taylor, Marie R. Adams, Helen A. Wilson.

To U. S. Army Base Hospital, Camp Mills, Long Island, N. Y.: Frances M. Amott, Marie J. Curtis, Marie Kew, Agnes W. Foote, Ethel E. Kenney, Mary J. Fenton, Mary F. Barclay, Rose F. Madore, Florence B. Illidge, Eugenie J. Chute, Mary T. White, Helen L. Brown, Grace Shaw, Delia V. Connelly, Blanche P. Hart, Mary Norton, Anna M. Dillon, Eliza Gray, Jennie L. Gordon, Hazel C. Frederick, Nano K. Foote, Lillian L. Reilly, Nellie C. McLaughlin, Mary D. Roche, Effie M. Cameron, Laura K. Weaver, Hildur J. Ofverberg, Ella M. Marvin, Ruth H. Mason, Katherine A. Hasler, Gertrude M. Williams, Mary C. O'Neill, Margaret G. Owens, Bessie M. Young, Ruth H. Mason, Katherine A. Hasler, Jane C. Reilly, Clara Raime, Eleanor M. Reed, Edith E. Jefferies, Clara E. Kromney.

To U. S. Army General Hospital No. 16, New Haven, Conn.: Norma G. Feeney, Janet Brown, Anna T. Quinn, Cloe L. Goodrich, Ruth J. Vickery, Elizabeth L. Lewis, Anna Bormolini, Ruth E. Schoen, Emeline D. Scanlon, Alice M. Cook, Jeanette P. Blech, Ada F. Kelly, Alice M. Belanger, Phebe A. Swetman. *To U. S. Army General Hospital No. 1, Williamsbridge, N. Y.:* Elizabeth E. Feather, Mary E. Bedell, Grace Little, Anna Swenson, Alice A. Pelton, Anna Herd, V. Mildred Ferguson, Elsie M. Taylor, Lula M. McDaniel, Lucy T. McDaniel, Kathleen J. Hefferman, Callie Downing, Anna P. Walsh, May T. Fergus, Henrietta A. Muller.

To U. S. Army General Hospital No. 14, Fort Oglethorpe, Ga.: Eva Johnson, Adele Rodrigues, Elizabeth K. Nolan, Catharine A. Dally, Sarah M. Young, Hattie Durden, Hazel B. Smith. *To U. S. Army Post Hospital, Fort Omaha, Nebr.:* Genevieve M. Backus, Elizabeth Bradford, Elsie K. Heiberg, Helen S. Woods, Sophia Pieper. *To U. S. Army General Hospital No. 5, Fort Ontario, N. Y.:* Irene F. Race, Gertrude Cunningham, Grace Kilfoil, Adeline M. Cooper, Elizabeth Elasser, Tessie G. Smith, Ola E. Sparks, Rose I. McGahay, Marjory M. Wiedrich. *To U. S. Army General Hospital No. 8, Otisville, N. Y.:* Loretta A. Murray, Helen G. Saupp, Marie K. Strobel, Catherine E. Guigley, Irene C. Bennis, Elizabeth L. Darrow, Mary Wyman, Edythe T. Gorman, Grace E. Massecar.

To U. S. Army General Hospital No. 24, Pittsburg, Pa.: Theresa M. Lipskey, Katherine Barry, Emma M. Robison, Margaret E. Rollins, Florence P. Burns, Beryl R. Edwards, Gertrude R. Kifer, Marie J. Wilkeson, Rose C. Siegfried, Susan L. Lesher, Bertha Griffith. Anna A. Nash. *To U. S. Army Base Hospital, Camp Pike, Little Rock, Ark.:* Anna Hoyer, Mabel Lacy, Clara Wise, Ruth Russell, Rachel E. Williams, Lydia Koenig, Agnes M. Zeller, Gertrude E. Heryford, Maida M. Grissette, Edith E. Phillips, Myrtle Rafer. *To U. S. Army General Hospital No. 30, Plattsburg Barracks, N. Y.:* Margaret Fitzpatrick, Eva A. Bauer, Alice L. Leonard, Helen R. Monroe, Mary J. Murphy, Ruth E. Cole.

To U. S. Army General Hospital No. 4, Fort Porter, N. Y.: Clotilde M. Ewers, Florence Stewart, Vinnie Chappell, Sara M. Dannecker, Margaret M. Henderson, Daisy D. Colburn. *To U. S. Army General Hospital No. 3, Rahway, N. J.:* Carolyn A. Glickley, Dorothy S. Frank, Cynthia Leeper, Jennie S. Schell, Marie Hilderbrand, Jessie M. Durstine, Martha M. King, Bertha P. Ondebeck, Mabel Childs, Viola J. Buettner, Sylvia D. Van Nuisa, Eleanor C. Klem, Jessie Ball, Katherine S. Headen, Mary E. Kimmel, Alice M. Busk, Nelle Noble, Edith L. Rathbun, Edna C. Hiller, Margaret F. Hiller, Helen G. Duncombe, Etta Handley, Martha E. Finnegan, Grace F. Finnegan, Anna C. Tompkin.

To U. S. Army Post Hospital, Raritan Arsenal, Raritan, N. J.: Ruby M. Young, Rachel J. Rynders. *To U. S. Army General Hospital No. 22, Richmond,*

Va.: Eda Heddrick, Ellen B. O'Rourke. *To U. S. Army Base Hospital, Fort Riley, Kan.*: Alta D. Jones, Margaret M. Kraittli, Leda E. Kraettli, Blanche U. Ball, Mary Delaney, F. Goldena Savage, Irene L. E. Jordan, Beula Martin, Nellie M. Kininger, Clara A. Olson, Elizabeth Moellman, Ida V. Kinlund, Josephine Connor, Nellie K. Dutton, Mabel Crane, Snow L. Wooldridge, Alberta I. Weigner, Agnes V. Powers, Belle C. Lord, Caroline Sparks, Sarah R. Taylor, Marjorie N. Lewis, Mabel G. Strauser, Frances M. Hawver, Myra V. Eyster, Nancy A. Erwin, Bertha R. Klatt.

To U. S. Army General Hospital No. 33, Fort Logan H. Roots, Ark.: Mary Mohan, Emma E. Siedhoff, Grace George, Sarah A. McLean, Helen L. Peterson, Christine M. Scully, Julia A. Brown, Roslyn Potter, Mary E. Dockstader. *To U. S. Army Base Hospital, Fort Sam Houston, Tex.*: Henrietta Gast, Mary L. Gerber, Helen F. Howie, Lila Healy, Jessie P. Green, Ola Price, Vetta Zalinsky, Beulah Evans, Annie Jesek, Blanche Corley, Lotta H. Stapp, Kate D. Neighbors, Ruth M. Griffin, Alida Wilkelman, Myrtle E. Mansker, Elizabeth Friedman, Amelia Hagemann, Augusta Hankins. *To U. S. Army Post Hospital, Selfridge Field, Mt. Clemens, Mich.*: Ruth W. Collins.

To U. S. Army Base Hospital, Camp Sevier, Greenville, S. C.: Charlotte E. Smith, Mary E. Spielman, Gladys L. Edwards, Hilda R. Moler, Evelyn G. Peight, Mary L. Huber, Bert Cromer. *To U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss.*: Inez M. Mosher, Ethel A. Mitchell, Lena Reynolds, Nellie McClintock, Jeremina E. Pullpur, Ellen E. Carlson, Olive R. Nichols, Esther J. Lang, Sylva C. Larson, Dorothea M. Woolverton, Lucy M. Scoggin, Laura Hamilton, Anna M. Brinker, Agnes O. Arenson, H. Gertrude Dickhut, Jennie B. Bewsey, Hattie M. Conover, Frances I. Bradley, Alice E. Roe, Edna M. Doepeke, Lillian Chisholm, Ethel I. Corliss, Hulda L. Brockman, Mildred Baysinger, Ethelyn M. Crane, Mary E. McAuliffe, Leesa Lakin, Emma L. Buechler, Agnes W. Campbell, Dorothy Jaqua, Bertha A. Drum, Gertrude W. Marsh, Frances E. Cox, Abigail Wharram, Agnes J. Anderson, Frances B. Durkee, Myrtle V. Haskins, Frances L. Mann, Margaret E. Collins, Clara E. Petsel, Katherine E. Terry, Florence Wilkins, Ida Benson.

To U. S. Army Base Hospital, Chillicothe, Ohio: Margaret A. B. Cavers, Alethea Clark, Cecilia A. Carroll, M. Amy Hedwige, Juliette E. Wilcox, Lois C. Blagg, Susannah Studebaker, Esta H. McNett, Emma Mielke, Helen Reiss, Eva Taylor, Clara M. Dodds, Etta R. Chamberlain, Ruth O. Barker, Sylvia L. Lora, Mary E. Purcell, Carolyn E. Cahill, Kathryn E. Cahill, Bernice Barnhart, Alma L. Snyder, Anne C. Buerhaus, Emily Woodhouse, Lillian C. Woodman, Katherine Wallenfels, Helen R. Fosson, Inez J. Loftus, Edith M. Axford, Dorothy Harvey, Lillian E. Spears, C. Jeannette West, Hazel A. Boggs. *To U. S. Army Base Hospital, Camp Sheridan, Montgomery, Ala.*: Eva Grimes, Evelyn R. Noe.

To U. S. Army Post Hospital, Fort Sill, Okla.: Alice Shaw, Maude E. Young, Agnes Nelson, Minnie S. Sims, Nellie G. Soden, Mary H. Degler. *To U. S. Army Recruit Depot, Fort Slocum, N. Y.*: Elsie Schelin. *To U. S. Army General Hospital No. 29, Fort Snelling, Minn.*: Agnes M. Ellis, Clara E. Milbrath, Dorothy G. Payant, Ida S. Kolbe, Hannah E. Illstrup, Mary C. Brennan, Nora M. Marco, Clara B. O'Donnell, Clara A. Kingsbury, Eva P. Courselle, Hortense L. Wurdien, Caroline Doty, Bertha Raschka, Emma L. Brunstad, Claire H. Brennan, Jessie M. Pease, Martha Petersdorf, Colette Hanrahan, Marie Brophy. *To U. S. Army Base Hospital, Camp Stuart, Newport News, Va.*: Maude Van Horn.

To U. S. Army Base Hospital, Camp Taylor, Louisville, Ky.: Dorothy B. Frisinger, Ethel I. Emerson, Blanche M. Saunders, Ruth Summerlin, Christine Henry, Frances M. Bogard, Nellie I. Madden, Gertrude A. Langan. *To U. S.*

Army Post Hospital, Fort Thomas, Ky.: Irma Terlau, Amelia C. Dixon. *To U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Tex.:* Martha D. Murray, Frances J. Harder, Elizabeth Knipp, Katherine B. Hastings, Mary A. Bronson, Nettie J. Heyer, Mary C. Olson, Kate Dodson, Mary E. Krauter, Adeline E. Kunz, Charlotte Kunz, Collette Cady, Mayme E. Stevenson, Bernica C. Falla, Lulu M. Nicholson.

To U. S. Army Base Hospital, Camp Upton, Long Island, N. Y.: Minnie F. Marvel, Gladys F. Wadsworth, Sadie E. Edgerton, Leah L. Kolker, Matilda McNeilly, Eva M. Harris, Rebecca Mary Wood, Lauretta G. Armstrong, De Lina A. Stanley, Margaret M. Heery, Kathleen J. Johnston, Beatrice A. Thompson, Julia A. Burke, Julia E. Moynihan, Julia A. Sheehan, Marie R. Hughes, Rose McNulty, Ellen E. Hunt, Helen D. Bennett, Mary E. Nolan, Mary A. Doyle, Jennie H. Bensink, Clara M. Heimerle, E. Florence Oram, Alice C. Love, Edna E. Hamilton, Ida M. Harrar, Bulah Ford, Nevada Ford, Fanny E. Henschien, Grace A. Dempsey, Marie C. McKenna, Margaret R. Leuper, Juliet Lohr, Margaret T. Fairbairn.

To U. S. Army Post Hospital, Vancouver Barracks, Wash.: Blanche G. Williams, Anna V. Brady, Mary C. MacDonald, Cornelia Galbraith, Ruth H. Taylor, Bessie C. Kochersberger, Florence L. McMannus, Bertha E. Jones, Anna Nielson, Alice Smith, Marjorie M. Brown, Jeannette E. De Witte. *To U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C.:* Frederika Paulus. *To Walter Reed General Hospital, Takoma Park, D. C.:* Mary F. Roth, Lauretta McKnight, Carrie R. Fahl, Sue M. Peters, Ada Richardson.

To U. S. Army Base Hospital, Camp Wheeler, Macon, Ga.: Alice E. Squire, Gladys M. Adams, Mae F. Foster, Elizabeth H. MacVeigh, Grace M. McConkey, Myrtle M. Winter, Nannie R. Humphreys, Grace Pavey, Irene M. Porter, Margaret A. Steele, Edna A. Campbell, Mary Jungermann, Grace G. Hughes, Lottie B. Robider, Geraldine H. Mew, Dora L. Huggins, Beatrice Hood, Martha E. Rex, Wilhelmina Rechtenstein, Mabel F. Hall, Anna E. Sackerson, Emma L. Montee, Mary McGraw, Jessie L. Hair, Mary M. Uglow, Ruth I. McCullough, Marie J. Godfrew, Catherine E. Niggermyer, Charlotte DeLaurier, Maude G. Crawford, Emma Matmuelier, Annie Footitt, Mamie L. Waters, Corinne R. Smith, Alice L. Haviland, Margaret M. Macalister, Maud L. Barnhill, Zephia Gilbert, Hilda R. Taylor, Irma L. Kirkland, Leah B. Squires. *To U. S. Army Post Hospital, Wilbur Wright Field, Fairfield, Ohio:* Carrie G. Kinney, Stella E. Williams.

Transfers.—To U. S. Army General Hospital, Fort Bayard, N. M.: Anna T. Bode, Fern O. Benefiel, Clara L. Blood, Anna M. Bruggenmann, Ivy M. Castle, Anita Violet Cole, Annie F. Dunton, Myrna F. Ewing, Anna D. Flanagan, Alice C. Hollingsworth, Maja K. Hassell, Matilda Horne, Elizabeth E. Jenosa, Mary E. Keddies, Elizabeth A. Kennedy, Margaret L. Kellett, Anna V. Kylling, Margaret D. Reed, Anna Schmier, Ida Mae Stuft, Alice M. Williams. *To U. S. Army General Hospital No. 11, Cape May, N. J.:* Martha A. Pippereit.

To U. S. Army General Hospital, Cooperstown, N. Y.: Margaret I. Collison, Kathleen V. Coll, Marion Johnson. *To U. S. Army Post Hospital, Carruthers Field, Benbrook, Tex.:* Effie L. Day Matthews. *To U. S. Army General Hospital No. 38, Detroit, Mich.:* Pearl M. Bennett. *To U. S. Army Base Hospital, Camp Grant, Rockford, Ill.:* Anna A. Nelson. *To U. S. Army and Navy General Hospital, Hot Springs, Ark.:* Clara C. Duncan. *To U. S. Army Base Hospital, Camp Kearney, Cal.:* Ruth B. Johnson. *To Letterman General Hospital, San Francisco, Cal.:* Helen M. Marshall.

To U. S. Army Base Hospital, Camp Mills, Mineola, N. Y.: Maude C. An-

draws, Signe C. Anderson, Katherine Benker, Laura Borchart, Edna R. Brookmyer, May Buckley, Marion E. Carll, Winifred Cline, Marion L. Craven, Frances E. Crosby, Ruth Dias, Anna Mildred Fox, Lillian Gott, Agot H. Grubbe, Jane Q. Harvey, Julia G. Henderson, Alice E. Jobin, Mary Launch, Elizabeth Lawson, Kathryn Mansfield, Alice C. Marshall, Ella May Merriam, Maude A. Munn, Margaret T. O'Brien, Florence L. Paine, Elsie C. Pease, Helena M. Redmond, Mary M. Rock, Alice E. Smith, Allie V. Spell, Martha M. Watson, Hannah L. Whalen, Ellen Whelton, Lillian Willshaw, Frances Harrington.

To U. S. Army Post Hospital, Mather Field, Sacramento, Ca.: Marguerite M. Hosteller. To U. S. Army Hospital (Norweigion Hospital), 4602 Fifth Avenue, Brooklyn, N. Y.: Margaret J. MacLellan, Mabel R. Duryea. To U. S. Army Post Hospital, New Cumberland, Pa.: Mary Chisholm. To U. S. Army General Hospital No. 1, Williamsbridge Station, N. Y.: Margaret M. Gear. To U. S. Army Post Hospital, Army Balloon School, Fort Omaha, Nebr.: Minnie E. Hellner. To U. S. Army General Hospital No. 10, Parker Hill, Boston, Mass.: Jennie M. Latno, Louella A. Warren. To U. S. Army General Hospital, No. 7, Roland Park, Baltimore, Md.: Edna E. Loomis, Margaret P. Neill. To U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss.: Katherine Walsh, Blanche P. Johnson. To U. S. Army Base Hospital, Fort Sill, Okla.: Jessie M. Roberts.

To U. S. Army Embarkation Hospital No. 1, Hoboken, N. J.: Dorothy M. Dunn. To U. S. Army Embarkation Hospital No. 4, 345 West 50th Street, Polyclinic Building, New York, N. Y.: Sarah E. Bush, Elizabeth I. Burns, May J. Campbell, Marcella Earle, Beatrice Key, A. Jean McGuffie, Lucy M. Messenger, Rose Patz, Helen Palmgren, Mary T. Savage, Mary A. Smith, Mary G. Thayer, Laura H. Wood, Sophie Zuercher, Minnie M. Blackley, Rebecca C. Armstrong, Alice E. Dunne, Ruth L. Eberlain, Catherine F. Foley, Agnes M. Gilday, Marion Grant, Madeline K. Hickey, Emma A. Kinosky, Anna Light, Lillian Macferren, Mabel McEachren, Mae E. Madden, Sophie Meltzer, Clara M. Mulvey, Jennie C. Rasmussen, Annie G. Stewart, Mega M. Budlong.

To U. S. Army Debarcation Hospital No. 1, Ellis Island, New York, N. Y.: Edith M. Holmstrom, Mabel T. Morse, Marion S. Hobart, Mary L. Devlin, Margit Hoove, Erma J. Lange, Emma B. Loose, Ruth A. McCleary, Ella M. Neylon, Mary L. Stearns, Grace Van Sickel, Hulda V. Vasbinder, Dorothy Agnes Winter. To U. S. Army Debarcation Hospital No. 2, Fox Hills, Staten Island, N. Y.: Ann V. Maloney, Mary E. Reynolds.

To U. S. Army Debarcation Hospital No. 3, Greenhut Building, 18th Street and 6th Avenue, New York, N. Y.: Johanna Wiekling. To U. S. Army Debarcation Hospital No. 4, Long Beach, Long Island, New York, N. Y.: Gertrude E. Asher, Kathryn M. Brunner, Nora C. Coughlin, Catherine V. Collins, Esther M. Cronwell, Julia Crocker, Leola Colquhonn, Agnes E. Geils, Carrie F. Grauf, Charlotte E. Hall, Helen M. Hennessy, Maude G. Hudson, Elizabeth E. Kirby, Harriet C. Knox, Mildred E. Kjellander, Laura A. Master, Julia A. Mooney, Susan Milne, Isabel E. Mulick, Elizabeth A. Quinn, Jeanette E. Potteiger, Ruth M. Tuera, Sadie J. Vaughn, Clara M. Giersch, Armandine L. Gosselin, Kathryn C. Granfield, Carolyn E. Ingram, Helen M. Kemper, Ida M. Larsen, Mary E. Lynch, Margaret Lillian Maher, Minnie F. Marvel, Anna McCarthy, Mildred Nesbitt, Eunice B. Tolman, Bertha Tuthill, Mildred K. Stedman, May M. Wright.

To Nurses' Replacement Unit No. 8 (service in Europe): Nelle M. Bailey. To Nurses' Replacement Unit No. 9 (service in Europe): Willa Cunningham, Alice Shaw, Cora E. Beam, Frances G. Phillips, Anna Valer. To U. S. Army Base Hospital No. 70 (service in Europe): Fern Alice Reidenbach. To U. S.

Army Base Hospital No. 71 (service in Europe): M. Maude Fauquier, Elizabeth D. Mills, Elizabeth L. Boyd.

To U. S. Base Hospital No. 72 (service in Europe): Edna M. Swope, Elizabeth Anderson. *To U. S. Army Base Hospital No. 76 (service in Europe):* Belle May Byers. *To U. S. Army Base Hospital No. 77 (service in Europe):* Ethell May Marsh. *To U. S. Army Base Hospital No. 78 (service in Europe):* Sadie I. Erbb, Hazel F. Greenleaf, Anna J. Hayward, Anna V. Hunter, Rose V. Lottrell, Catherine M. Lynch, Ellen Elizabeth Shaeffer, May F. Strand, Jean Margaret Watt, Grace E. Craney, Minnie C. Hauge, Annie A. Johnson, Margaret H. Kennedy, Margaret E. McGourty, Mary S. Olsen, Helen O. Pettengill, Margaret Pollock, Anna E. Swanson, Sarah L. Coyne, Effie H. Felde, Jennie A. Johnson, Jenny Kleven, Maude Moadar, Anna Paarlberg, Elba Rosell, Sophie Stepula, Dinah Tweed, Florence E. Daly, Minnie Floyd, Josie M. Johnson, Ione M. MacGillis, Mollie M. Murphy, Anita I. Prather, Marie Schmidt, Sadie Stoner, Elsie P. Wendt, Blanche Erbaugh, Clara Gaesser, Emma E. Juergens, Anita McIlvin, Florence I. Nicoll, Louise Riopelle, Mary D. Smull, Catherine M. Sullivan, Cora M. Anderson, Lottie M. Crane, Corinne H. Drury, Katherine Hayes, Jennie McGee, Mary E. Murnan, Grace I. Perrine, Helen B. Robertson, Catherine Spicer, Pearl Thomas, Zelma Caldwell, Agnes E. Doherty, Elizabeth M. Drury, Ruth A. Heagney, Nell Mahaney, Elizabeth L. Nesbit, Angeline C. Reiter, Marion G. Schummenn, Minnie E. Stein, Winnifred E. Toole, Evelyn M. Callaghan, Agnes Donnolly, Anna M. Harris, Carolyn E. King, Sarah A. Marsh, Sarah F. O'Brien, Alice W. Richardson, Viola L. Snyder, Mary Stuart.

To U. S. Army Base Hospital No. 79 (service in Europe): Antonia M. Bellon, Lill M. Cyples, Elizabeth A. Donovan, Maude F. Schaefer, Elizabeth F. Fitzkee, Mary Anna Murray, Nannie A. Rhodes, Helen F. Buck, Lillie M. Moore, Rebecca F. August, Mary E. Burns, Gertrude M. Duffy, Helen M. Kenning, Sarah T. Leion, Lela K. Mays, Hattie V. Morris, Martha Quinton, Cora L. Wagner, Elizabeth H. Beall, Mary J. Carson, Bridge M. Gallagher, Katherine Huff, Carolyn L. Lisec, Grace M. Morris, Jessie J. Pearce, Olive M. Royce, Margaret Boyce, Sara M. Dettra, Kathryn Goldsborough, Marguerite Hunter, Jane L. McIntyre, Violet E. Neith, Mota V. Driseler, Elizabeth J. Shively, Roberts L. Corder, Hattie E. Lubben, Ida J. Olson, Ethel I. Rhymer, Stella M. Roberts, Helen A. Hunt, Loretta B. Jentgen, Irene M. Murphy, Mayme C. Noonan, Mabel C. Cannon, Ellen B. Christiansen, Mary P. Clark, Lulu B. Criswell, Hulda Erickson, Marie L. Giroux, May Griffith, Irene G. Herr, Alma M. Johanson, Bessie Lee Harris, Grace A. Lyon, Willie M. McCary, Hannah McCoy, Martha A. Morrison, Nannie E. Munson, Mary I. Patrick, Sadye Mary Rosenthal, Martha Siley, Edith P. Webb. *To U. S. Army Base Hospital No. 93 (service in Europe):* Adeline H. Bonoma.

Relief.—Willie Mae Adams, Catherine Albert, Grace E. Allison, Lucy J. Anton, Alice Beattie, Grace O. Bean, Laura H. Bedour, Selma Bergstrom, Mary R. Bernhart, Eleanor H. Bowman, May L. Brownell, Mary B. Adrich Charpentier, Inez M. Coulson, Loretto Delone, Mary Devlin, Abbie E. Driscoll, Josephine T. Dwyer, Mildred V. Empkey, Maren P. Eriksen, Irma M. Findley, Sadie Fredholm, Sophia C. Fuller, Olive J. Gates, Margaret A. Gaughan, Nellie M. George, Jenith J. Hanna, Margaret E. Harris, Rose E. Harvey, Ethel B. Hicks, Dana Huddleston, Clara P. Hughes, Della J. Hurley, Ragna Johannessen, Violet R. Kuller, Emma Lallay, L. Bermuda Lamb, Henri T. Layton, Jean G. MacKenzie, Maude C. McGlynn, Adelia M. McGready, Lillian McMullin, Mamie R. Martin, Mary C. Medille, Ernestine Mielsoner, Anna L. Miller, Leo Morgan, Eva M. Murray, Anna Newton, Rosa A. O'Brien, A. Virginia O'Leary, Willie Zelle

Patrick, Emma M. Petersen, Mary E. Pickup, Yolande F. Price, Rosalia Prosch, Anna C. Reckert, Helen M. Reynolds, Mary C. Richards, Mary M. Richardson, Evelyn M. Sandys, Gertrude F. Smith, Minnie C. Smith, Beulah St. Clair, Margaret S. Treut, Marjorie G. Vail, Edith Wait, M. Lucy Webb, Ossye A. Webb, Ann Wester, Eleanor M. Wichmer, Marjorie A. Williams, Marion L. Wilson, Georgia L. Wink, Bess C. Wylie.

HONOR ROLL

Died in the Service of Their Country

Anna C. Foldese	November 8, 1918	United States
Edna L. Hanley	November 14, 1918	United States
Annie K. Shirley	November 27, 1918	United States
Julia Stenstad	November 5, 1918	United States
Emma J. Thorsen	November 24, 1918	United States
Jeannette Bellman	November 12, 1918	France
Ethel May Goehorn	November 28, 1918	United States
Hattie M. Raithel	November 2, 1918	France
Clara H. Sauer	November 14, 1918	United States
Tilda A. Thorkelson	November 5, 1918	Philippine Islands
Elizabeth Weimann	November 6, 1918	France
Esther Yochelson	November 12, 1918	France

The Nurses' Rest House at Red Bank, New Jersey, having closed for the winter, another rest house, which has been offered to the government for the use of members of the Army Nurse Corps in need of rest and recuperation, has been opened at Riverdale, New York. This house has been very generously donated for this purpose by Mr. and Mrs. Cleveland Dodge of New York. It is very handsomely appointed and offers every opportunity to nurses who have been ill to regain their normal state of health.

With the signing of the armistice all nurses who had signified their willingness to enter the service were notified that they would not be needed. It was also decided by the War Department to send no more nurses over-seas, except about six hundred and fifty who were already at the mobilization station awaiting transportation. As all the camps were considerably over-staffed on account of the decrease of work as the influenza epidemic abated, and no more would be drawn for over-seas service, it became necessary to relieve a large group from active service in the military establishment; about one thousand will therefore be relieved in the near future.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

Alabama.—THE ALABAMA STATE BOARD OF NURSE EXAMINERS held an examination for the registration of nurses recently in Birmingham, Montgomery, and Mobile. Eighteen applicants took the examination, all of whom passed. They will receive their certificates when they have finished their time in their respective hospitals. Birmingham.—DISTRICT No. 1 of the State Association held its regular meeting November 13. Many interesting letters were read from nurses in the service. A very important report was given by Helen MacLean in which she said the Alabama State Board of Nurse Examiners had accepted and introduced in the curricula of the training schools the Tuberculosis Lecture Course as outlined by Miss Goodrich, Miss Crandall and Miss Beard. This is a big step in

advance for the tuberculosis movement. Miss MacLean also told about the nursing survey that is being made for the Surgeon General under the Red Cross. Ellen Quilty reported the meeting of the Public Health Nurse Section, and Elizabeth Walker gave an interesting report of her work at Cullman, Ala., during the influenza epidemic. The association had as visitors, Mrs. E. H. Rawlins, the State Tuberculosis Nurse, and Mrs. R. S. Beatty, chairman of the Home Service Section of the Red Cross of Athens.

Connecticut: Hartford.—THE ST. FRANCIS HOSPITAL ALUMNAE ASSOCIATION held in December the meeting postponed from October because of the epidemic. The report of the year, read by the president, E. A. Toomey, showed that thirty members are in service, three have died, and nine have been married. The report of the Cleveland convention was given by Miss Roach, the secretary. The financial report of the treasurer, Mary M. Moore, showed that Liberty Bonds and War Savings Stamps had been purchased and that seven thousand dollars have been paid on the free bed fund. Miss K. V. Odell read a paper on My Trip to Bermuda, Miss E. B. Lynch read a poem, The Army Nurse, by K. T. Ryan; Rose Ryan read a eulogy on the departed members who have given their lives that others might live: Julia E. Malia, class of 1918, in Quincy, Mass.; Catherine J. McGuire, class of 1918, in Camp Lee, Va., and Mrs. Rogers Crofton, class of 1916, in Hartford. Mother Valencia addressed the members in words of comfort and encouragement.

Illinois.—THE NEXT EXAMINATION in Illinois for registered nurse will be held at Springfield on Wednesday and Thursday, February 5 and 6, 1919. Applications should be on file not later than January 25, 1919. All correspondence in regard to applications, etc., should be addressed to F. C. Dodds, Superintendent of Registration, Springfield, Illinois. **Chicago.**—HELEN SCOTT HAY, graduate of the Illinois Training School, has gone to the Balkans under the Red Cross. Helen Kelly, supervisor of school nurses, has resigned and is succeeded by Mrs. Emma Koch.

Indiana.—THE INDIANA STATE NURSES' ASSOCIATION held its sixteenth annual meeting December 4-5, at the Claypool Hotel, Indianapolis. This meeting was postponed from October because of the epidemic. Business was transacted, including revision of the constitution and by-laws. Michael J. Foley, chairman of the State Council of National Defense, gave an interesting talk on Problems Which the War Has Brought Us, and Dr. King, assistant secretary of the State Board of Health, spoke on Venereal Diseases and Control of Them by the Government. Action was taken endorsing the movement to secure a full time health officer, medical inspection in the public schools, erection of tuberculosis sanatoria, and increased hospital capacity for the insane. Interesting reports were given of the work of public health nurses, especially during the epidemic. The following officers were elected: President, Anna Lauman, Lutheran Hospital, Fort Wayne; secretary, Grace Morehouse, 114 West Columbia Street, West Lafayette; treasurer, Belle Emden, Indianapolis.

Maryland: Baltimore.—NEWS HAS BEEN received of the death, at Loomis, N. Y., of Dr. James T. Ford, whose wife was Eleanor A. McL. Jones of the Johns Hopkins School for Nurses. Mrs. Ford was married immediately after her return from war service in France.

Massachusetts.—THE COUNCILLORS OF THE STATE ASSOCIATION held a meeting at headquarters on November 2 and decided to omit the postponed autumn meeting and to hold the mid-winter meeting in January when the programme for the autumn meeting will be carried out. It was decided that the corresponding secretary shall be at headquarters, 636 Beacon Street, on Wednesday of each week

from 10 a. m. to 4 p. m. to be personally consulted or advised. THE GUILD OF ST. BARNABAS will work two Tuesdays a month for the American Fund for the French Wounded in Trinity Church Parish House. ANNA L. GIBSON, superintendent of the Collis P. Huntington Memorial Hospital, is lecturing on Laboratory Diagnosis to the Cambridge Hospital nurses. During the recent epidemic none exceeded in ready response and devotion, the school nurses, whose work was made more valuable by the hearty coöperation of the teachers. The School Committee has shown its appreciation by increasing the salary of the school nurses.

Michigan: Flint.—HURLEY HOSPITAL held graduating exercises for a class of eight on the evening of December 10. The address was given by Dr. B. E. Burnell; the class took the Florence Nightingale Pledge; the diplomas were presented by C. O. Swayze and the school pins by Dr. David Jickling. A reception followed the exercises.

Nebraska.—THE NEBRASKA STATE NURSES' ASSOCIATION held its thirteenth annual meeting at the Lincoln Hotel, Lincoln, on December 3. Reports were given, and much time was spent on the reorganization recommended by the American Nurses' Association. Olive Augustine gave the report of the Cleveland convention. Miss Louer told of the splendid help given a member of the Association from the Nurses' Relief Fund. The death of nine nurses was reported, two having occurred in the cantonments, and in recognition of their service and sacrifice, a moment was spent in silent prayer. At the noon luncheon, four-minute talks were given between courses by Mayor John E. Miller, Governor-elect R. McKelvie, Attorney-General-elect, Mr. Davis, Dr. Benjamin Bailey and Mr. W. Hardy of the Red Cross in Lincoln. A good paper on Nursing Ethics in the Home was read by Clara Peterson. The greater part of the afternoon was given to an address by Prof. Sarka Hebkova of the Council of Defense, who told of the efforts that had been made to Germanize America. The following officers were elected: President, Margaret McGreevey, Lincoln; vice presidents, Elsa Boyd, North Platte; Mrs. Martha Taylor, Lincoln; secretary, Mrs. Max Westerman, Lincoln; treasurer, Mrs. Bessie Ryan, Omaha; directors, Grace French, Lincoln, Jean Keyes, Norfolk, Martha Meyer, York.

New York.—THE NEW YORK STATE NURSES' ASSOCIATION held its seventeenth annual meeting in Rochester, December 4 and 5, at the Powers Hotel. After the addresses of welcome by Mayor Edgerton for the city and by Miss Palmer for the nurses, Miss Hilliard gave the response. The morning was occupied with business. The afternoon session opened with community singing and was followed by addresses as follows: A Few Words from Over-Seas, Major James Barnes; Canteen Work in France, Rev. Arthur W. Grosse; Rank for Nurses, Helen Hoy Greeley; The Army School of Nursing, Annie W. Goodrich; The Red Cross at Home, Florence M. Johnson. A dinner was given by the local nurses at the Rochester Club, at the conclusion of which Madeleine Jaffray spoke of her work in France and there was fancy dancing by children. The morning of the 5th was occupied with consideration of the reorganization, except for a recess when two excellent papers on Psychology were given by Professor John F. Forbes and Katharine Murdock. In the afternoon a visit was made to the Rochester Dental Dispensary, where after an inspection of the building and an explanation of its work, business was continued in its auditorium. In the evening a demonstration in nursing methods was given at the Rochester General Hospital. The new by-laws were discussed, changed and adopted by unanimous vote, also a form for district associations to follow. The following officers were elected: President, Elizabeth E. Golding, New York City; vice presidents, Katharine DeWitt, Rochester; Agnes Ward, New York City; secretary, Julia A. Littlefield, Albany;

treasurer, Louise Sherwood, Syracuse. Trustee for three years, M. Louise Twiss, New York City; trustee for one year, Miss Sinsbox, Buffalo. Directors: Sophia F. Palmer, Rochester; Carolyn Gray, New York City; Sarah Graham, New York City. Board of Nurse Examiners: Carolyn E. Gray, New York City; Mildred Deyo, Poughkeepsie; Sarah J. Ford, Rochester. Chairman of Legislative Committee, Alice Shepard Gilman, Rochester. The attendance at this meeting was good, especially as it was a postponed meeting, due to the epidemic. The members of the Association extended to the chairman of the Programme and the Arrangement Committees, Mary L. Keith and Mrs. Elizabeth Hawkswell, also to the nurses of the Monroe County Registered Nurses' Association, their appreciation for a most enjoyable meeting and a very interesting programme. Those attending the meeting carried away with them a most agreeable impression of the hospitality of Rochester. The districts decided upon by the delegates present, subject to change should they not meet the needs of the nurses most concerned, are as follows:

District.	Centre.	Counties
1	Buffalo	Niagara, Orleans, Erie, Genesee, Wyoming, Chautauqua, Cattaraugus.
2	Rochester	Monroe, Livingston, Allegany, Wayne, Ontario.
3	Elmira	Yates, Seneca, Steuben, Schuyler, Chemung.
4	Syracuse	Cayuga, Onandaga, Oswego.
5	Binghamton	Tioga, Broome, Chenango, Tompkins, Cortland, Otsego, Schoharie, Delaware.
6	Watertown	Jefferson, St. Lawrence, Lewis.
7	Utica	Madison, Oneida, Herkimer.
8	Saranac Lake	Essex, Hamilton, Clinton, Franklin.
9	Albany	Saratoga, Washington, Warren, Albany, Rensselaer.
10	Schenectady	Fulton, Montgomery, Schenectady.
11	Kingston	Greene, Ulster, Sullivan, Orange, Rockland.
12	Poughkeepsie	Columbia, Dutchess, Putnam.
13	New York	New York, Richmond, Bronx, Westchester.
14	Brooklyn	Kings, Queens, Suffolk, Nassau.

THE NEW YORK STATE LEAGUE OF NURSING EDUCATION held its annual meeting at the Powers Hotel, Rochester, December 3. In spite of its being a postponed meeting the attendance was very gratifying. The early part of the morning session was devoted to business. The president, Carolyn Gray, in her address, spoke of the high order of work done by nurses and nursing organizations during the past year and a half. Particular tribute was paid to the probationers in the training schools throughout the state, to whom fell the task of helping in the care of the influenza patients, for the epidemic came on at the time of their entrance into the training schools. Volunteer workers, particularly those who did service in emergency hospitals, were given a word of appreciation, as was the Vassar Camp for nurses. Miss Gray discussed the eight-hour day for pupil nurses, with special stress on its need as a night schedule. At the afternoon session, the League went on record as favoring an eight-hour day. The remainder of the morning was filled with reports from the various committees. In the afternoon, Julia A. Littlefield of Albany read Miss Stewart's paper on The Possibility of a Standardization in Nursing Procedures, and Miss Hitchcock opened the discussion. The subject of Mary L. Keith's paper was The Standardization of Equipment in Hospitals,—Purchase and Installation. As Sally Johnson of Albany was unable to be present, Ethel Gorton of Rochester prepared and

read the paper on "Maintenance and Method of Inventory. Alice S. Gilman's paper on How Can We Best Develop Executives in Our Hospitals? was followed by one on A Student Nurse's View,—How She May Become a Valuable Member of the Staff, by Naomi Fedder, a pupil nurse at the Rochester General Hospital. The Round Table was conducted by Eliza P. Reid, Supervising Instructor of Training Schools. This fall the Homeopathic, General, and Hahneman Hospitals of Rochester combined their courses of instruction, so as to standardize the training in the three schools and the plan is working out well. The evening session was a joint meeting with the New York State Organization of Public Health Nursing, at which Dr. Joseph Roby, Acting Health Officer of Rochester, Alfred Fletcher, Assistant Principal of Schools, Cleveland, Ohio, and Adda Eldredge, our Interstate Secretary, spoke. The officers for the ensuing year are: President, Edith Atkin, Binghamton; vice president, Carolyn E. Gray, New York; secretary, M. Emily McCreight, Elmira; treasurer, Annie H. Smith, Rochester.

New York.—THE METROPOLITAN HOSPITAL ALUMNAE, on November 18, entertained the class of 1919 with a dance at the Nurses' Home on Blackwell's Island.

Tennessee: Chattanooga.—THE NURSES OF CHATTANOOGA met in the assembly room of the court house on October 31 for the purpose of organizing the Chattanooga District of the Tennessee State Association. Fifty names were presented for membership. Officers elected were: President, N. E. Plewes; vice presidents, Harriet Pearson, Grace Seaman; secretary, Mrs. Carolyn E. Ferree; treasurer, Mrs. Emma Brockman.

BIRTHS

On November 10, at Rochester, N. Y., a daughter, Josephine Katharine, to Mr. and Mrs. T. H. Kavanaugh. Mrs. Kavanaugh was Josephine La Force, class of 1914, St. Mary's Hospital.

In September, a daughter, Frederica Caroline, to Mr. and Mrs. Fred S. Moule. Mrs. Moule was Caroline Owen, class of 1908, Farrand Training School, Detroit.

In September, a daughter, Jane, to Mr. and Mrs. Charles D. Todd. Mrs. Todd was Caroline Jackson, class of 1908, Farrand Training School, Detroit.

In October, a daughter, to Lieutenant and Mrs. Charles E. Howe. Mrs. Howe was Florence Hardwick, class of 1917, Metropolitan Hospital, Blackwell's Island, N. Y.

Recently, at Culebra, Canal Zone, a son, to Lieutenant and Mrs. Donald. Mrs. Donald was Helena D. Conklin, class of 1912, Metropolitan Hospital, Blackwell's Island, N. Y.

On October 1, a daughter, to Dr. and Mrs. Brown S. McClintick. Mrs. McClintick was Eleanor Soukup, class of 1912, Illinois Training School, Chicago.

On November 26, at Detroit, Mich., a daughter, to Mr. and Mrs. Earnest Patterson. Mrs. Patterson was Avis Norton, class of 1912, Broad Street Hospital, Oneida, N. Y.

On November 5, at Canastota, N. Y., a son, Ernest Gordon, to Mr. and Mrs. Ernest Bartell. Mrs. Bartell was M. Ahlien Bennett, class of 1916, Broad Street Hospital, Oneida, N. Y.

MARRIAGES

At Chattanooga, Tenn., Inez M. Gates, class of 1914, All Saints Hospital, Fort Worth, Texas, to Milton H. Glover. Lieutenant and Mrs. Glover will live in Baltimore, Md.

On October 4, at Shelbyville, Ill., Mary Aetna Briscoe, class 1913, Hahnemann

Hospital, Chicago, to Charles Arthur Tweedy. Mr. and Mrs. Tweedy will live in Chicago.

On October 16, Gertrude Jane Rix, class of 1904, Hahnemann Hospital, Chicago, to Harry Alford Clay. Mr. and Mrs. Clay will live in Gary, Ind.

Recently, in Chicago, Eleanor E. Elliott, class of 1916, Rochester Homeopathic Training School, to George Emel Johnson, M.D. Miss Elliott had taken post-graduate work at the Evanston Hospital and had served for one year on the staff of the Visiting Nurse Association of Chicago. Dr. and Mrs. Johnson will live in Chicago.

On October 17, in Chicago, Jeanette Sherman Lyon, class of 1899, Episcopal Hospital, Philadelphia, to Robert McMurdy. Mr. and Mrs. McMurdy will live in Chicago.

On November 20, at East Orange, N. J., Eleanor D. Anderson, to Westray E. Linen. Mr. and Mrs. Linen will live in East Orange, where Miss Anderson has done public health nursing for many years.

Recently, Mildred Funnell, class of 1918, Metropolitan Hospital, New York, to Private Frank Bluett.

Recently, at Watertown, N. Y., Emogene Miles, class of 1912, Metropolitan Hospital, New York, to William Peck.

Recently, Elsie Drynan, class of 1912, Metropolitan Hospital, New York, to Mr. Bushnell. Mr. and Mrs. Bushnell will live at Mount Union, Pa.

Recently, Mary Mulligan, class of 1917, Metropolitan Hospital, New York, to Frank Quinn.

On November 19, at East Petersburg, Pa., Anna L. Landis, class of 1907, St. Joseph's Hospital, Lancaster, to John R. Cassel. Mr. and Mrs. Cassel will live in Manheim, Pa.

On October 14, at Meriden, Conn., Mary A. Lamb, class of 1913, St. Francis Hospital, Hartford, to Edward Dwan. Mr. and Mrs. Dwan will live in Hartford.

On October 1, Mary Ahearn, class of 1909, St. Francis Hospital, Hartford, to Lieutenant Richard Dwyer, U. S. A.

On October 25, Agnes McEnany, class of 1914, St. Francis Hospital, Hartford, Conn., to Ambrose Brooks. Mr. and Mrs. Brooks will live in Waterbury.

DEATHS

In August, at Middlebury, Vt., Bessie Lee Gypson, class of 1904, Metropolitan Hospital, New York.

On November 27, at Stamford, Conn., Mrs. Stewart Arthur. Mrs. Arthur was May Cappell, class of 1909, Metropolitan Hospital, New York.

On October 5, at Camp Meade, Baltimore, Ettie May Perkins, class of 1914, Statesville Training School, Statesville, N. C. For fourteen months, Miss Perkins had been superintendent of nurses at the Sarah Elizabeth Hospital, Henderson, N. C., when she resigned and, after needed rest, enrolled with the Red Cross and entered Army service. She had served for two weeks when the call came to make the supreme sacrifice for her country. Miss Perkins was a woman of culture and refinement, giving herself unselfishly to her work. Her fine qualities were never shown to better advantage than when dealing with the poor or illiterate sick.

On October 13, Mrs. F. Brown, class of 1910, Staten Island Hospital, N. Y., after a lingering illness.

In October, at Camp Grant, Ill., Irene Parr, class of 1917, Farrand Training School, Detroit.

In October, at Camp Dodge, Iowa, Pansy Bird, class of 1918, Farrand Training School, Detroit.

DEATHS FROM INFLUENZA OR PNEUMONIA

On November 17, at Auburn, N. Y., Lillian Means, class of 1914, Auburn City Hospital, where she remained as a head nurse for two years. She later became a physician's secretary and surgical assistant. Her work was characterized by unusual aptitude, painstaking care and the utmost fidelity. She contracted pneumonia while engaged in volunteer work during the epidemic.

On October 17, Mrs. Nugent (Miss Corley), class of 1913, Staten Island Hospital, N. Y.

On October 20, at Base Hospital, T., Yonkers, N. Y., M. Ficken, graduate of the Staten Island Hospital. Miss Ficken had been in the service only two weeks, she will be missed by all.

On October 16, at the Columbia Hospital, Columbia, S. C., Frances C. James, class of 1917.

On November 2, at Columbia, S. C., Annie E. Madden, class of 1913, Columbia Hospital.

On November 14, at Columbia Hospital, Columbia, S. C., Bessie Belle Boland, class of 1908.

On October 25, at Flaxton, N. D., Mrs. William Wistrom. Mrs. Wistrom was Harriet Schindeldecker, graduate of the City and County Hospital, St. Paul. Before her marriage she was superintendent of Immanuel Hospital, Mankato, Minn.

On October 26, at the State Hospital, Scranton, Pa., Mrs. J. D. Lewis, class of 1911. Her illness was contracted while doing relief work.

On October 25, at Scranton, Pa., Hattie Matthews, class of 1915, Mid-Valley Hospital, where she had been assistant since her graduation.

On October 22, at Scranton, Pa., Maude Robbins, class of 1903, State Hospital. Miss Robbins had been superintendent of Dr. Burns' Hospital for a number of years and was a most faithful worker.

On October 23, Bessie Frances Updike, class of 1915, Mercer Hospital. Miss Updike was of sterling qualities, a conscientious, devoted nurse, and her death came as a great shock to her friends.

On October 1, in France, Mabel R. Ragan, class of 1916, Farrand Training School, Detroit.

On October 28, at Harper Hospital, Detroit, Mrs. Charles Brown (Catherine McArthur), class of 1897, Farrand Training School, Detroit.

On October 31, at Almont, Mich., Blanche Ross, class of 1917, Farrand Training School, Detroit.

On October 16, at Crouse-Irving Base Hospital, Syracuse, N. Y., Annabelle Burns, class of 1916, Metropolitan Hospital, New York.

On October 25, at Queensboro Hospital, Queensboro, L. I., Mathilde Vogel, class of 1912, Metropolitan Hospital, New York.

On October 5, at the Hospital of the Good Shepherd, Syracuse, N. Y., Ethel R. Merrell, a pupil nurse from the Broad Street Hospital, Oneida.

On November 5, at Fort Snelling, Minn., Julia Stinstead, graduate of St. Mary's Hospital, Minneapolis. Burial was at her home in Kasson, Minn.

On November 5, in Canada, while in the employ of the Canadian Government, Margaret Connelly, graduate of St. Mary's Hospital, Minneapolis.

On November 6, at the Ritzville General Hospital, Ritzville, Wash., Vera Irene Van Loan, a pupil nurse of unusual promise. She had a noble character, high ideals and a very lovable disposition, always putting her profession and her

desire to help others before her own comfort and health. Graduate nurses might well emulate her eager willingness to be a help and comfort to the sick and suffering. Her one ambition was to finish training, join the Red Cross, and go over-seas to help there. She will be sadly missed.

In November, at her home in Talladega, Ala., Ossye Huston, class of 1917, Davis Infirmary, Birmingham. Miss Huston went to Camp McClellan to assist in the influenza epidemic, after ten days of service she became ill and returned home, pneumonia followed. A company of soldiers and officers from camp McClellan attended the funeral.

On December 6, at Birmingham, Ala., Alberta McPherson Jowers, graduate of Vaughn Memorial Hospital, Selma, Ala. Miss Jowers was engaged as an office nurse in Birmingham, but had signed for active service in the Red Cross. She was ordered to Camp Wheeler, but at the time had an attack of influenza which was followed by pneumonia. A group of Red Cross nurses accompanied the body to the depot. Burial was at her home in Manilla, Ala.

On November 16, at Chicago, Cecillia O'Hara, class of 1912, St. Joseph's training School, Kansas City, Mo. Miss O'Hara was sent to Camp Shelby, Miss., early in the summer where she stayed until her health became impaired. Later she took up visiting nurse work in Chicago. Services were held at her home, Mangum, Okla. Miss O'Hara had won friends in many parts of the country by her untiring efforts, her kindness and gentleness to all. Her life was one of true ideals, high ambition, purity and love.

On October 19, in France, Elma Groves, class of 1910, Madison General Hospital, who for six years did excellent work as a private duty nurse in Madison, Wisconsin, and was later physical examiner for the Northwestern Electric Company of Chicago. She had a sweet, strong character and her death is a distinct loss to the nursing profession.

On October 23, at Ithaca, N. Y., Hannah M. Cunningham, graduate of the Troy Hospital, Troy, N. Y. Miss Cunningham was one of the state supervising nurses but had gone to Ithaca to help care for students ill with influenza. She was at all times devoted to her duty.

Recently, Mrs. Robert Haywood. Mrs. Haywood was Ruth Remillaire, class of 1917, Troy Hospital, Troy, N. Y.

On October 2, at Cooley Dickinson Hospital, Northampton, Mass., Helen B. Spring, class of 1913, of the hospital. Miss Spring was one of the councillors of the Massachusetts State Association.

On October 30, at Duquesne, Pa., Nellie E. Lathrop, supervising nurse of the City Emergency Hospital. Miss Lathrop was a graduate of the Norfolk Hospital, Norfolk, Va., and had held positions in Chillicothe, Ohio, and in the Magee Hospital, Pittsburgh. She had been in Duquesne only a short time, and over-exerted herself during the epidemic. She was enrolled for active service with the Red Cross and was to have been called soon.

On December 1, at the Base Hospital, Camp Mills, N. Y., Maud A. Munn, graduate of St. Agnes Hospital, Philadelphia. Miss Munn had been transferred to Camp Mills from Camp Devens where she had been serving. The Commanding Officer wrote of her, "She was an excellent nurse, universally liked by her patients and sister nurses and her untimely death is a source of sorrow to all."

OFFICIAL DIRECTORY

The American Journal of Nursing Company.—President, Clara D. Noyes, R.N., The American Red Cross, Washington, D. C. Secretary, Minnie H. Ahrens, R.N., 916 Lakeside Place, Chicago, Ill. Editor and Business Manager, Sophia F. Palmer, R.N., 45 South Union Street, Rochester, N. Y.

The American Nurses' Association.—President, Clara D. Noyes, R.N., 1726 M. Street, N.W., Washington, D.C. Secretary, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y. Interstate Secretary, Adda Eldredge, R.N., 45 South Union Street, Rochester, N. Y. Biennial convention to be held in 1920 in Atlanta, Georgia. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Indiana; Mental Hygiene, Chairman, Elnora Thomson, R.N., Hull House, Chicago; Legislation, Chairman, Anna C. Jammé, R.N., State Board of Health, Sacramento, Calif.; Committee on Revision, Chairman, Sarah E. Sly, R.N., Birmingham, Mich.

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The National Organization for Public Health Nursing.—President, Mary Beard, R.N., 561 Massachusetts Avenue, Boston, Mass. Secretary, Ella Phillips Crandall, R.N., Council of National Defense, Washington, D.C.

National Committee on Red Cross Nursing Service.—Chairman, Jane A. Delano, R.N., American Red Cross, Washington, D.C.

Army Nurse Corps, U. S. A.—Superintendent, Dora E. Thompson, R.N., War Department, Room 704, Mills Building, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, Lenah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

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Department of Nursing and Health, Teachers College, New York.—Director, M. Adelaide Nutting, R.N., Teachers College, Columbia University, 120th Street, New York City.

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